

## EXHIBIT 11

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION

4 - - -

4 IN RE: NATIONAL )  
PRESCRIPTION ) MDL No. 2804  
5 OPIATE LITIGATION )  
 ) Case No.  
6 ) 1:17-MD-2804  
THIS DOCUMENT RELATES )  
7 TO ALL CASES ) Hon. Dan A. Polster

8 - - -

9 Tuesday, August 7, 2018

10 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
CONFIDENTIALITY REVIEW

11 - - -

12  
13 Videotaped deposition of Jennifer R. Norris,  
14 held at the offices of BakerHostetler, 200 Civic Center  
15 Drive, Suite 1200, Columbus, Ohio, commencing at  
16 8:09 a.m., on the above date, before Carol A. Kirk,  
17 Registered Merit Reporter and Notary Public.

18 - - -

19  
20  
21  
22  
23 GOLKOW LITIGATION SERVICES  
877.370.3377 ph | 917.591.5672 fax  
24 deps@golkow.com

Page 2	Page 4
<p>1 APPEARANCES:</p> <p>2 On behalf of the Plaintiffs:</p> <p>3 MCHUGH FULLER LAW GROUP</p> <p>4 BY: MICHAEL J. FULLER, JR., ESQUIRE</p> <p>5 mike@mchughfuller.com</p> <p>6 97 Elias Whiddon Road</p> <p>7 Hattiesburg, Mississippi 39402</p> <p>8 601-261-2220</p> <p>9 and</p> <p>10 GREENE KETCHUM FARRELL BAILEY &amp; TWEEL LLP</p> <p>11 BY: PAUL THOMAS FARRELL, JR., ESQUIRE</p> <p>12 paul@greeneketchum.com</p> <p>13 419 11th Street</p> <p>14 Huntington, West Virginia 25701</p> <p>15 304-521-4778</p> <p>16 On behalf of the Cardinal Health, Inc.:</p> <p>17 WILLIAMS &amp; CONNOLLY LLP</p> <p>18 BY: ENU MAINIGI, ESQUIRE</p> <p>19 emainigi@wc.com</p> <p>20 NEELUM J. WADHWANI, ESQUIRE</p> <p>21 nwadhwani@wc.com</p> <p>22 725 Twelfth Street, N.W.</p> <p>23 Washington, DC 20005</p> <p>24 202-434-5420</p> <p>On behalf of the AmerisourceBergen:</p> <p>REED SMITH LLP</p> <p>BY: ROBERT A. NICHOLAS, ESQUIRE</p> <p>rnicholas@reedsmith.com</p> <p>Three Logan Square</p> <p>1717 Arch Street, Suite 3100</p> <p>Philadelphia, Pennsylvania 19103</p> <p>215-851-8100</p> <p>On behalf of HBC:</p> <p>MARCUS &amp; SHAPIRA LLP</p> <p>BY: ERIN GIBSON ALLEN, ESQUIRE</p> <p>allen.marcus-shapira.com</p> <p>One Oxford Center, 35th Floor</p> <p>301 Grant Street</p> <p>Pittsburgh, Pennsylvania 15219-6401</p> <p>412-338-4682</p>	<p>1 On behalf of McKesson:</p> <p>2 COVINGTON &amp; BURLING LLP</p> <p>3 BY: EMILY L. KVESELIS, ESQUIRE</p> <p>4 ekveselis@cov.com</p> <p>5 MARK H. LYNCH, ESQUIRE</p> <p>6 mlynch@cov.com</p> <p>7 (VIA TELECONFERENCE)</p> <p>8 One CityCenter</p> <p>9 850 Tenth Street, NW</p> <p>10 Washington, DC 20001</p> <p>11 202-662-5110</p> <p>12 On behalf of Endo Pharmaceuticals, Inc. and</p> <p>13 Endo Health Solutions Inc.:</p> <p>14 ARNOLD &amp; PORTER KAYE SCHOLER LLP</p> <p>15 BY: ANGEL TANG NAKAMURA, ESQUIRE</p> <p>16 angel.nakamura@apks.com</p> <p>17 (VIA TELECONFERENCE)</p> <p>18 777 S. Figueroa Street, Suite 4400</p> <p>19 Los Angeles, California 90017</p> <p>20 213-243-4000</p> <p>21 On behalf of Teva Pharmaceuticals USA, Inc., Cephalon,</p> <p>22 Inc., Watson Laboratories, Inc., Actavis LLC, Actavis</p> <p>23 Pharma, Inc., f/k/a Watson Pharma, Inc.:</p> <p>24 MORGAN, LEWIS &amp; BOCKIUS LLP</p> <p>BY: JONATHAN E. MAIER, ESQUIRE</p> <p>jonathan.maier@morganlewis.com</p> <p>(VIA TELECONFERENCE)</p> <p>1111 Pennsylvania Avenue, NW</p> <p>Washington, DC 20004</p> <p>202-739-5806</p> <p>On behalf of Anda, Inc.:</p> <p>FOLEY &amp; LARDNER LLP</p> <p>BY: KATY E. KOSKI, ESQUIRE</p> <p>kkoski@foley.com</p> <p>(VIA TELECONFERENCE)</p> <p>111 Huntington Avenue, Suite 2500</p> <p>Boston, Massachusetts 02199</p> <p>617-502-3242</p>
Page 3	Page 5
<p>1 On behalf of Walmart:</p> <p>2 JONES DAY</p> <p>3 BY: BRANDY H. RANJAN, ESQUIRE</p> <p>4 branjani@jonesday.com</p> <p>5 325 John H. McConnell Boulevard, Suite 600</p> <p>6 Columbus, Ohio 43215-2673</p> <p>7 614-469-3939</p> <p>8 On behalf of Prescription Supply, Inc.:</p> <p>9 PELINI, CAMPBELL &amp; WILLIAMS LLC</p> <p>10 BY: PAUL B. RICARD, ESQUIRE</p> <p>11 pbricard@pelini-law.com</p> <p>12 8040 Cleveland Avenue NW, Suite 400</p> <p>13 North Canton, Ohio 44720</p> <p>14 330-305-6400</p> <p>15 On behalf of Miami-Luken:</p> <p>16 JACKSON KELLY PLLC</p> <p>17 BY: JENNIFER L. HUGHES, ESQUIRE</p> <p>18 jhughes@jacksonkelly.com</p> <p>19 500 Lee Street East, Suite 1600</p> <p>20 Charleston, West Virginia 25301</p> <p>21 304-340-1393</p> <p>22 On behalf of CVS Indiana, LLC and CVS RX Services, Inc.:</p> <p>23 ZUCKERMAN SPAEDER LLP</p> <p>24 BY: R. MILES CLARK, ESQUIRE</p> <p>mclark@zuckerman.com</p> <p>ERIC R. DELINSKY, ESQUIRE</p> <p>edelinsky@zuckerman.com</p> <p>(VIA TELECONFERENCE)</p> <p>1800 M Street NW, Suite 1000</p> <p>Washington, DC 20036-5807</p> <p>202-778-1800</p> <p>On behalf of Johnson &amp; Johnson and</p> <p>Janssen Pharmaceuticals:</p> <p>TUCKER ELLIS LLP</p> <p>BY: JUSTIN E. RICE, ESQUIRE</p> <p>justin.rice@tuckerellis.com</p> <p>950 Main Avenue, Suite 1100</p> <p>Cleveland, Ohio 44113</p> <p>216-592-5000</p>	<p>1 On behalf of the Allergan Defendants:</p> <p>2 KIRKLAND &amp; ELLIS LLP</p> <p>3 BY: PRATIK K. GHOSH, ESQUIRE</p> <p>4 pratik.ghosh@kirkland.com</p> <p>5 (VIA TELECONFERENCE)</p> <p>6 300 North LaSalle</p> <p>7 Chicago, Illinois 60654</p> <p>8 312-862-3689</p> <p>9 On behalf of Millinckrodt:</p> <p>10 ROPES &amp; GRAY LLP</p> <p>11 BY: MAX R. MAEROWITZ, ESQUIRE</p> <p>12 max.maerowitz@ropesgray.com</p> <p>13 (VIA TELECONFERENCE)</p> <p>14 800 Boylston Street</p> <p>15 Boston, Massachusetts 02199</p> <p>16 614-951-7000</p> <p>17 On behalf of The Kroger Company:</p> <p>18 BOWLES RICE LLP</p> <p>19 BY: UNAIZA RIAZ, ESQUIRE</p> <p>20 uriaz@bowlesrice.com</p> <p>21 600 Quarrier Street</p> <p>22 Charleston, West Virginia 25301</p> <p>23 304-347-1114</p> <p>24 ALSO PRESENT:</p> <p>Caitlin E. Anderson, Esq., Cardinal Health</p> <p>A.J. Elkins, McHugh Fuller</p> <p>Darnell Brown, Videographer</p> <p>Gina Veldman, Trial Technician</p> <p>Colleen McNamara, Williams &amp; Connolly</p> <p>Matthew Monahan, Williams &amp; Connolly</p> <p>Miranda Petersen, Williams &amp; Connolly</p> <p>---</p>

Page 6			Page 8		
1	VIDEOTAPED DEPOSITION OF JENNIFER R. NORRIS		1	INDEX TO EXHIBITS (CONT'D)	
2	INDEX TO EXAMINATION		2	DESCRIPTION PAGE	
3	WITNESS PAGE		3	CARDINAL-NORRIS	
4	JENNIFER R. NORRIS		3	Exhibit 9 Document titled "Under the	96
5	CROSS-EXAMINATION BY MR. FULLER:	14	4	Counter: The Diversion and	
	CROSS-EXAMINATION BY MR. FARRELL:	169	5	Abuse of Controlled	
6	CROSS-EXAMINATION (CONT'D) BY MR. FULLER:	224	5	Prescription Drugs in the	
7			5	U.S., "CAH MDL PRIORPROD_	
8			6	DEA12_00001669	
9			6	CARDINAL-NORRIS	
10			6	Exhibit 10 Memorandum for Aşa Hutchinson,	102
11			7	Administrator, Drug Enforcement	
12			7	Administrator from Glenn A.	
13			8	Fine, Inspector General	
14			8	CARDINAL-NORRIS	
15			9	Exhibit 11 Document titled, "Hearing	105
16			10	Before the U.S. Senate	
17			10	Permanent Subcommittee on	
18			11	Investigations, Buyers Beware:	
19			11	The Dangers of Purchasing	
20			12	Pharmaceuticals Over the	
21			12	Internet," 6/17/2004	
22			13	CARDINAL-NORRIS	
23			13	Exhibit 12 861 Federal Reporter, 3d	116
24			14	Series, Masters Pharmaceutical,	
			14	Inc., v. Drug Enforcement	
			15	Administration	
			15	CARDINAL-NORRIS	
			16	Exhibit 13 Drug Enforcement Administration	140
			16	to Cardinal Health, dated	
			17	9/27/2006, CAH MDL PRIORPROD_	
			17	DEA07_00837645 - 837648	
			18	CARDINAL-NORRIS	
			18	Exhibit 14 Defendants Cardinal Health 110,	156
			19	Inc., and Cardinal Health 411,	
			19	Inc.'s Response to Plaintiff's	
			20	Hearing Brief	
			20	CARDINAL-NORRIS	
			21	Exhibit 15 Dear Registrant letter, dated	174
			21	12/27/2007, CAH MDL PRIORPROD_	
			22	DEA12_0001090 and 10981	
			22	CARDINAL-NORRIS	
			23	Exhibit 16 Document titled "HDMA Executive	185
			23	Committee Meeting, 6/12/2016,"	
			24	ABDCMDL00275057 - 275100	
			24		
Page 7			Page 9		
1	VIDEOTAPED DEPOSITION OF JENNIFER R. NORRIS		1	INDEX TO EXHIBITS	
2	INDEX TO EXHIBITS		2	DESCRIPTION PAGE	
3	CARDINAL-NORRIS		3	CARDINAL-NORRIS	
4	Exhibit 1 First Notice of Deposition	17	3	Exhibit 17 Brief for Healthcare	190
5	Pursuant to Rule 30(b)(6) and		4	Distribution Management	
6	Document Request Pursuant to		4	Association and National	
7	Rule 30(B)(2) and Rule 34 to		5	Association of Chain Drug	
8	Defendant Cardinal Health, Inc.		5	Stores as Amici Curiae in	
9	CARDINAL-NORRIS		6	Support of Neither Party	
10	Exhibit 2 Second Notice of Deposition	18	6	CARDINAL-NORRIS	
11	Pursuant to Rule 30(b)(6) and		6	Exhibit 18 Crisis Playbook: An	209
12	Document Request Pursuant to		7	Interactive Guide to Crisis	
13	Rule 30(B)(2) and Rule 34 to		7	Communications,	
14	Defendant Cardinal		8	ABDCMDL00278063 - 278106	
15	CARDINAL-NORRIS		8	CARDINAL-NORRIS	
16	Exhibit 3 Cardinal Health, Inc.'s	20	9	Exhibit 19 DEA Compliance Manual, CAH MDL_	228
17	Objections and Responses to		10	PRIORPROD_DEA07_0138385 -	
18	First and Second Notice of		10	1384238	
19	Deposition to Rule 30(B)(6)		11	CARDINAL-NORRIS	
20	CARDINAL-NORRIS		11	Exhibit 20 Document titled "Required	228
21	Exhibit 4 Document titled "United States	21	12	Reports to DEA," CAH MDL	
22	Code Annotated; Title 21. Food		12	PRIORPROD_HOUSE_0002197 - 2200	
23	and Drugs; Chapter 13. Drug		13	CARDINAL-NORRIS	
24	Abuse Prevention and Control;		13	Exhibit 21 Document titled "Standard	234
	Subchapter 1. Control and		14	Operating Procedures, Corporate	
	Enforcement; Part A.		14	Quality & Regulatory	
	Introductory Provisions"		15	Compliance," CAH MDL	
	CARDINAL-NORRIS		15	PRIORPROD_DEA07_0118833 -	
	Exhibit 5 Congressional Record from the	35	16	1188720	
	Controlled Substances Act		16	CARDINAL-NORRIS	
	CARDINAL-NORRIS		17	Exhibit 22 Corporate Quality Regulatory	234
	Exhibit 6 Code of Federal Regulations	62	17	Compliance Manual, Issue Date:	
	1301.74		18	6-15-2006, CAH MDL PRIORPROD_	
	CARDINAL-NORRIS		18	DEA07_1188147 - 1188182	
	Exhibit 7 Document titled "Title 21 -	66	19	CARDINAL-NORRIS	
	Food and Drugs"		19	Exhibit 23 Cardinal Health Corporate	238
	CARDINAL-NORRIS		20	Compliance Policy, 2/5/2006	
	Exhibit 8 HathiTrust document,	69	20	CARDINAL-NORRIS	
	"Oxycontin: Its Use and Abuse"		21	Exhibit 24 Document titled "Assurance of	240
			21	Discontinuance Pursuant to	
			22	Executive Law 63(15)"	
			22	CARDINAL-NORRIS	
			23	Exhibit 25 Settlement and Release	275
			23	Agreement and Administrative	
			24	Memorandum of Agreement,	
			24	CAH MDL PRIORPROD_HOUSE_0004009- 4056	

Page 10	
1	INDEX TO EXHIBITS (CONT'D)
2	DESCRIPTION PAGE
3	CARDINAL-NORRIS
4	Exhibit 26 Anti-Diversion - Know Your 249
5	Customer Compliance Manual, 01181142 - CAH MDL PRIORPROD DEA07_01181172
6	CARDINAL-NORRIS
7	Exhibit 27 Sales - Highlight Report, 0000344 - 347 251
8	CARDINAL-NORRIS
9	Exhibit 28 Standard Operating Procedure, 0000154 - 160 254
10	CARDINAL-NORRIS
11	Exhibit 29 Custodial file containing various documents 271
12	CARDINAL-NORRIS
13	Exhibit 30 Thumb drive 261
14	CARDINAL-NORRIS
15	Exhibit 31 (Withdrawn) 287
16	CARDINAL-NORRIS
17	Exhibit 32 E-mail to Mr. Brantley and others from Mr. Reardon, dated 9/14/07, with attachments, 0119835 - 1198358 289
18	CARDINAL-NORRIS
19	Exhibit 33 E-mail chain ending with an e-mail to Michael Mone and others from Ms. McPherson, dated 1/25/08 301
20	CARDINAL-NORRIS
21	Exhibit 34 Administrative Memorandum Agreement, CAH MDL PRIORPROD_ BOP 0000042 - 49 306
22	CARDINAL-NORRIS
23	Exhibit 35 Document titled, "CVS 5195 Threshold Changes," Bates-stamped CAH MDL PRIORPROD_ DEA12_00004729 - 4938 310
24	

Page 11

1 ---

2 PROCEEDINGS

3 ---

4 THE VIDEOGRAPHER: Good morning. We are

5 now on the record. My name is Darnell Brown, and

6 I'm the videographer with Golkow Litigation

7 Services. Today's date is August 7, 2018, and the

8 time is 8:09 a.m.

9 This video deposition is being held in

10 Columbus, Ohio, in the matter of In Re: National

11 Prescription Opioid Litigation for the United

12 States District Court for the Northern District of

13 Ohio. The deponent is Jennifer Norris.

14 Counsel, please identify yourselves for

15 the record.

16 MR. FULLER: Mike Fuller on behalf of

17 the Plaintiff.

18 MR. ELKINS: A.J. Elkins for the

19 Plaintiff.

20 MS. VELDMAN: Gina Veldman for the

21 Plaintiff.

22 MR. FULLER: Paul Farrell will be here

23 at some point on behalf of the Plaintiff.

24 MR. NICHOLAS: Bob Nicholas, Reed Smith,

Page 12

1 for AmerisourceBergen.

2 MS. RANJAN: Brandy Ranjan, Jones Day,

3 for Walmart.

4 MR. RICE: Justin Rice, Tucker Ellis, on

5 behalf of Johnson & Johnson and Janssen

6 Pharmaceuticals.

7 MR. RICARD: Paul Ricard for

8 Prescription Supply.

9 MR. CLARK: Miles Clark from Zuckerman

10 Spaeder on behalf of CVS Indiana LLC and CVS RX

11 Services, Inc.

12 MS. KVESELIS: Emily Kveselis from

13 Covington & Burling on behalf of McKesson.

14 MS. ALLEN: Erin Gibson Allen from

15 Marcus & Shapira on behalf of Defendant HBC.

16 MS. ANDERSON: Caitlin Anderson,

17 in-house counsel at Cardinal Health.

18 MS. WADHWANI: Neelum Wadhwani,

19 Williams & Connolly, on behalf of Cardinal Health.

20 MS. MAINIGI: Enu Mainigi from

21 Williams & Connolly on behalf of Cardinal Health.

22 Also here from Williams & Connolly are

23 Colleen McNamara, Matt Monahan, and Miranda

24 Petersen.

Page 13

1 THE VIDEOGRAPHER: Those on the phone?

2 MR. LYNCH: Mark Lynch from Covington &

3 Burling for McKesson.

4 MR. MAIER: Jonathan Maier from Morgan

5 Bockius for Teva.

6 MS. KOSKI: Katy Koski from Foley &

7 Lardner for Anda, Inc.

8 MR. DELINSKY: Eric Delinsky from

9 Zuckerman Spaeder for CVS Indiana and CVS RX

10 Services.

11 MS. NAKAMURA: Angel Nakamura of

12 Arnold & Porter for the Endo Defendants and the

13 Par Pharmaceutical Defendants.

14 MR. GHOSH: Pratik Ghosh with Kirland &

15 Ellis for Allergan.

16 MR. MAEROWITZ: Max Maerowitz with

17 Ropes & Gray for Millinckrodt.

18 MS. RIAZ: Unaiza Riaz with Bowles Rice

19 for Kroger Company.

20 MS. HUGHES: Jennifer Hughes from

21 Jackson Kelly for Miami-Luken.

22 MR. FULLER: Anybody else?

23 THE VIDEOGRAPHER: Okay. The court

24 reporter is Carol Kirk, who will now swear in the



<p style="text-align: right;">Page 14</p> <p>1 witness.</p> <p>2           ---</p> <p>3           JENNIFER R. NORRIS</p> <p>4 being by me first duly sworn, as hereinafter certified,</p> <p>5 deposes and says as follows:</p> <p>6           CROSS-EXAMINATION</p> <p>7 BY MR. FULLER:</p> <p>8       Q. Ma'am, please state your name for the</p> <p>9 record.</p> <p>10      A. Jennifer Robison Norris.</p> <p>11      Q. And, Ms. Norris, where are you currently</p> <p>12 employed?</p> <p>13      A. Cardinal Health.</p> <p>14      Q. And how long have you been at Cardinal</p> <p>15 Health?</p> <p>16      A. Eighteen years.</p> <p>17      Q. And what is your current position at</p> <p>18 Cardinal?</p> <p>19      A. I'm an attorney in the legal department.</p> <p>20      Q. Do you have any particular title?</p> <p>21      A. I do. I'm vice president, associate</p> <p>22 general counsel, mergers and acquisitions.</p> <p>23      Q. I'm sorry. You said mergers and</p> <p>24 acquisitions, right?</p>	<p style="text-align: right;">Page 16</p> <p>1 sourcing at one time. We had a corporate sales</p> <p>2 group, sold all of the products and services</p> <p>3 within Cardinal Health that I supported.</p> <p>4       I supported our specialty pharmaceutical</p> <p>5 distribution business, our specialty services</p> <p>6 business, the 3PL, the third-party logistics</p> <p>7 business we have, as well as working on 340B and</p> <p>8 other matters within pharmacy distribution.</p> <p>9       Q. I've seen 340B before. What's 340B?</p> <p>10      A. It's a federally mandated essentially</p> <p>11 drug discount program for certain types of</p> <p>12 customers.</p> <p>13      Q. Got it. Well, you have the pleasure or</p> <p>14 the curse of being designated today as a 30(b)</p> <p>15 witness. Are you aware of that?</p> <p>16      A. I am.</p> <p>17      Q. And do you understand what that means?</p> <p>18      A. I do.</p> <p>19      Q. That's because you're a lawyer, right?</p> <p>20       MS. MAINIGI: Objection.</p> <p>21      A. Because I'm a lawyer, and that's what I</p> <p>22 was asked to do.</p> <p>23      Q. Sure.</p> <p>24      A. I was not aware of what a 30(b)(6)</p>
<p style="text-align: right;">Page 15</p> <p>1       A. Mm-hmm, and integration.</p> <p>2       Q. And how long have you held that title?</p> <p>3       A. I've been in that group -- my titles</p> <p>4 varied, but I've been in that group for</p> <p>5 approximately two years.</p> <p>6       Q. And that's the mergers and acquisitions</p> <p>7 and integrations group?</p> <p>8       A. Yes.</p> <p>9       Q. How about prior to that?</p> <p>10      A. Prior to that, I was still a vice</p> <p>11 president, associate general counsel, but I was in</p> <p>12 our commercial group supporting our pharmacy</p> <p>13 distribution business primarily.</p> <p>14      Q. When you say supporting pharmacy</p> <p>15 distribution, give me an understanding of what you</p> <p>16 would be doing in that role.</p> <p>17      A. My primary role was with acute care and</p> <p>18 alternate care customers, working on the customer</p> <p>19 facing agreements and issues that came up from</p> <p>20 time to time with those customers.</p> <p>21      Q. Okay. And how about prior to that?</p> <p>22      A. I've always been in that group. Again,</p> <p>23 my title has varied, and I've supported other</p> <p>24 groups within Cardinal Health. I supported</p>	<p style="text-align: right;">Page 17</p> <p>1 witness was before I was asked to do this.</p> <p>2       Q. Well, and just so everybody is on the</p> <p>3 same page then, that means you've been designated</p> <p>4 as the representative for Cardinal Health.</p> <p>5 Because Cardinal Health can't speak on its own,</p> <p>6 you're here to speak on their behalf on certain</p> <p>7 subject matters. Is that your understanding?</p> <p>8       A. That is my understanding.</p> <p>9       ---</p> <p>10       (Cardinal-Norris Exhibit 1 marked.)</p> <p>11       ---</p> <p>12      Q. And I'm going to attach as Exhibit 1 --</p> <p>13       MR. FULLER: And, Counsel, I'll just</p> <p>14 hand everything to you, and you can take one and</p> <p>15 pass the extras down.</p> <p>16       And this is Norris 1 for the record, now</p> <p>17 marked as Plaintiff's 1.</p> <p>18 BY MR. FULLER:</p> <p>19      Q. This is a copy of one of the two</p> <p>20 notices.</p> <p>21       Have you seen this document before?</p> <p>22      A. I have.</p> <p>23      Q. Now, I'm going to sort of weave into</p> <p>24 this in an agreement that your counsel and I have</p>

<p style="text-align: right;">Page 18</p> <p>1 related to certain topics. So you're going to be  2 deposed on Notice 1 for Items A through N.  3 Is that your understanding?  4 A. That is my understanding.  5 MR. FULLER: And, Counsel, pursuant to  6 our agreement, that will be answered in writing at  7 a later date, right?  8 MS. MAINIGI: Correct.  9 MR. FULLER: Okay.  10 BY MR. FULLER:  11 Q. And do you feel comfortable being  12 designated over those areas set out in Notice 1?  13 And that's A through N.  14 A. I do.  15 MS. MAINIGI: Just for the purpose of  16 the record, Mr. Fuller, we will just note that she  17 will testify consistent with the objections that  18 we served as to both notices.  19 MR. FULLER: We'll get there, too. I  20 will give them -- give her those as well.  21 ---  22 (Cardinal-Norris Exhibit 2 marked.)  23 ---  24</p>	<p style="text-align: right;">Page 20</p> <p>1 testifying to all those topic areas that we just  2 mentioned?  3 A. I am.  4 ---  5 (Cardinal-Norris Exhibit 3 marked.)  6 ---  7 Q. And then in full fairness and  8 disclosure, as counsel just mentioned, here is  9 Plaintiff's Exhibit Number 3, which is Norris  10 Number 3, which is Cardinal Health's objections to  11 the prospective 30(b)(6) notices.  12 Have you seen this prior to today?  13 A. I have.  14 Q. And you've had an opportunity to review  15 it as well?  16 A. I did review it.  17 Q. All right. Now, ma'am, you are -- and I  18 say "you." I'm sorry.  19 Speaking on behalf of Cardinal, you're  20 in the business of distributing prescription  21 medications, as well as other things, correct?  22 A. Yes.  23 Q. And that also includes controlled  24 substances; is that right?</p>
<p style="text-align: right;">Page 19</p> <p>1 BY MR. FULLER:  2 Q. Now, Norris Number 2, which is the  3 second 30(b) notice, will be marked as Plaintiff's  4 2 for the purposes of the deposition.  5 Do you have that document now in front  6 of you?  7 A. I do.  8 Q. Okay. And have you seen that document  9 previously?  10 A. I have.  11 Q. Now, it's my understanding that with the  12 agreement of counsel, you're going to testify to  13 the subject areas of 7, 8, 12, and 22 with a  14 possibility of some examination on subject area  15 number 6.  16 Is that your understanding as well,  17 Ms. Norris?  18 A. It is.  19 MS. MAINIGI: And just to be clear,  20 Mr. Fuller, she is prepared to testify as to  21 Topic 6 today.  22 MR. FULLER: All right.  23 BY MR. FULLER:  24 Q. And, Ms. Norris, are you comfortable</p>	<p style="text-align: right;">Page 21</p> <p>1 A. Yes. Those are some of the prescription  2 medications that we distribute.  3 Q. And there are certain statutes and  4 regulations and rules that apply to you in  5 distributing those medications; is that fair?  6 A. Yes.  7 Q. And one of them is the Controlled  8 Substances Act; is that right?  9 A. Yes.  10 Q. And we'll spend a good part of our day  11 talking about the Controlled Substances Act and  12 its various portions and parts.  13 MR. FULLER: I'm going to mark as  14 Plaintiff's Number 3 -- or excuse me --  15 Plaintiff's Number 4, which is Norris Number 4.  16 ---  17 (Cardinal-Norris Exhibit 4 marked.)  18 ---  19 BY MR. FULLER:  20 Q. And you have that document in front of  21 you?  22 A. I do.  23 Q. Okay. And I'll represent to you that  24 this is a portion of the Controlled Substances</p>

<p style="text-align: right;">Page 22</p> <p>1 Act, not the entire thing. And if you look there,  2 it says "United States Code Annotated. Title 21.  3 Chapter 13. Drug Abuse Prevention and Control."  4 Do you see that?  5 A. I do.  6 Q. And do you know that to be the portion  7 of the U.S. Code that contains the Controlled  8 Substances Act?  9 A. I believe so, yes.  10 Q. And this is Subchapter 1, Part A,  11 Introductory Provisions.  12 And have you seen this before?  13 A. I have.  14 Q. Okay. And you're aware that in Section  15 801, Congress of the United States of America made  16 certain declarations and findings; is that right?  17 MS. MAINIGI: Objection.  18 A. That's what the section says,  19 "Congressional Findings and Declarations."  20 Q. Okay. Particularly related to  21 controlled substances --  22 MS. MAINIGI: Objection.  23 Q. -- is that true?  24 MS. MAINIGI: Excuse me.</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. That's all right.  2 Does Cardinal agree with this statement?  3 A. In my personal --  4 MS. MAINIGI: Excuse me. Objection;  5 scope.  6 Go ahead.  7 A. In my personal capacity, I agree that's  8 what the words say.  9 Q. You also agree that controlled  10 substances have legitimate medical purposes and  11 are necessary to maintain the health and welfare  12 of the American people?  13 A. I agree that --  14 MS. MAINIGI: Objection; scope.  15 A. -- that was Congress' finding.  16 Q. Okay. And read aloud Number 2 for us,  17 Congress' second finding of this Controlled  18 Substances Act.  19 A. "The illegal importation, manufacture,  20 distribution, and possession and improper use of  21 controlled substances have a substantial and  22 detrimental effect on the health and general  23 welfare of the American people."  24 Q. Does Cardinal agree and accept that that</p>
<p style="text-align: right;">Page 23</p> <p>1 A. It goes on to say, colon, "Controlled  2 Substances."  3 Q. Yes, ma'am. And then it says, "Congress  4 makes the following findings and declarations."  5 And if you would, let's start with the  6 first one and read that one aloud for us, please.  7 A. "Many of the drugs included within this  8 subchapter have a useful and legitimate medical  9 purpose and are necessary to maintain the health  10 and general welfare of the American people."  11 Q. Does Cardinal agree with that statement  12 by Congress?  13 MS. MAINIGI: Objection; form.  14 Objection; outside the scope of the agreed-upon  15 notice 30(b)(6) topics.  16 You may answer in your personal  17 capacity.  18 As a short form, I will just from here  19 after say "Objection; scope," and the witness will  20 understand that she can answer the question  21 anyway.  22 MR. FULLER: Thank you.  23 A. Can you please repeat the question?  24 Sorry.</p>	<p style="text-align: right;">Page 25</p> <p>1 was the United States of America Congress' finding  2 related to controlled substances?  3 MS. MAINIGI: Objection; scope.  4 A. I agree that that's what the finding  5 says.  6 Q. Now, let's pull that apart a little bit.  7 It says that "The illegal importation,  8 manufacture, distribution, and possession and  9 improper use of controlled substances can have --  10 or has -- excuse me -- have a substantial and  11 detrimental effect on the health and general  12 welfare."  13 For Cardinal's purpose, we're worried  14 about -- or focused on the distribution, correct?  15 You don't manufacture, right?  16 A. Cardinal Health does not manufacture.  17 Q. Okay. And you don't actually use the  18 drugs that you distribute either, do you?  19 A. The company does not use the drugs.  20 Q. So we're focused just on distribution.  21 So do you agree or disagree that the illegal  22 distribution of controlled substances have a  23 substantial detrimental effect on the health and  24 general welfare of the American people?</p>



<p style="text-align: right;">Page 26</p> <p>1 MS. MAINIGI: Objection; scope.</p> <p>2 A. I agree that that's what the finding</p> <p>3 says.</p> <p>4 Q. Do you agree that it can?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 A. The illegal distribution may.</p> <p>7 Q. That's fair enough.</p> <p>8 And, again, as you know as a lawyer, I'm</p> <p>9 going to be asking you a bunch of questions, and</p> <p>10 I'm only asking that you answer to the best of</p> <p>11 your ability, okay?</p> <p>12 And if there's something that's unclear</p> <p>13 about my question, please ask me, and I'll</p> <p>14 certainly try to clarify it the best I can.</p> <p>15 A. I understand.</p> <p>16 Q. And I assume counsel has told you this,</p> <p>17 but if at any time you need a break, let me know.</p> <p>18 We'll take a break. We'll probably stop about</p> <p>19 every hour, give or take a little bit, and for</p> <p>20 lunch. If you need anything more than that, no</p> <p>21 problem. Just let me know. Fair?</p> <p>22 A. I understand.</p> <p>23 Q. Okay. And I was already moving to the</p> <p>24 next topic, and I've got multiple pages here.</p>	<p style="text-align: right;">Page 28</p> <p>1 This was created by a Paul Farrell, Jr.</p> <p>2 MS. MAINIGI: Well, I'm glad it's marked</p> <p>3 as an exhibit.</p> <p>4 MR. FULLER: The gentleman raising his</p> <p>5 hand down the table.</p> <p>6 BY MR. FULLER:</p> <p>7 Q. So, ma'am, Ms. Norris, Cardinal is in</p> <p>8 the business of distributing Schedule II</p> <p>9 controlled substances, amongst other things; is</p> <p>10 that right?</p> <p>11 A. It is.</p> <p>12 Q. And you are also aware, as Cardinal,</p> <p>13 that Schedule IIs have a heightened standard when</p> <p>14 dealing with them, heightened security standard;</p> <p>15 is that correct?</p> <p>16 MS. MAINIGI: Objection.</p> <p>17 A. I know that Schedule IIs, in addition to</p> <p>18 other controlled substances, have different</p> <p>19 controls, for lack of a better word, that need to</p> <p>20 be applied in the manufacture, distribution,</p> <p>21 dispensing, prescribing, and using.</p> <p>22 Q. Fair enough. Now, it says Schedule II.</p> <p>23 And read A to us, if you don't mind, please.</p> <p>24 A. Schedule II. A2?</p>
<p style="text-align: right;">Page 27</p> <p>1 Sorry.</p> <p>2 If you turn to the next page, page 2.</p> <p>3 You see this is another section of the Controlled</p> <p>4 Substances Act. Do you see that at the top, Title</p> <p>5 21, Chapter 13. Drug Abuse and Prevention --</p> <p>6 excuse me -- Drug Abuse Prevention and Control?</p> <p>7 A. I see that.</p> <p>8 Q. Okay. And it deals with the authority</p> <p>9 to control standards and schedules.</p> <p>10 Do you see that?</p> <p>11 A. I do.</p> <p>12 Q. Okay. And it's Section 812, Schedules</p> <p>13 of Controlled -- and I didn't put Schedules I,</p> <p>14 III, IV, and V in here, because I didn't think it</p> <p>15 was necessary. I included Schedule II.</p> <p>16 Cardinal --</p> <p>17 MR. FULLER: I'm sorry. Go ahead.</p> <p>18 MS. MAINIGI: So, Mike, just for the</p> <p>19 purpose of the record, you have excerpted parts of</p> <p>20 this regulation but left out other parts of the</p> <p>21 regulation?</p> <p>22 MR. FULLER: The code, yes, ma'am.</p> <p>23 And to be fair, you're not going to be</p> <p>24 able to Google and find this on the Internet.</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. Yes, ma'am -- no, no. 2A.</p> <p>2 A. 2A?</p> <p>3 Q. Yes, ma'am. I'm sorry.</p> <p>4 A. I'm sorry. "Schedule II. The drug or</p> <p>5 other substance has a high potential for abuse."</p> <p>6 Q. Now, as Cardinal Health, you know that</p> <p>7 Schedule IIs do have a high potential for abuse;</p> <p>8 is that correct?</p> <p>9 MS. MAINIGI: Objection; scope.</p> <p>10 A. That's what the statute says here.</p> <p>11 Q. But as a distributor of controlled</p> <p>12 substances, and particularly Schedule IIs, do you</p> <p>13 also know that to be the case?</p> <p>14 MS. MAINIGI: Objection; scope.</p> <p>15 Q. Let me ask it differently. Maybe make</p> <p>16 it a little easier.</p> <p>17 Sitting here today as Cardinal Health,</p> <p>18 do you agree that the U.S. Congress has determined</p> <p>19 that Schedule IIs are drugs and other substances</p> <p>20 that have a high potential for abuse?</p> <p>21 MS. MAINIGI: Objection; scope.</p> <p>22 A. That is the definition that is included</p> <p>23 in this statute.</p> <p>24 Q. That's the definition provided by the</p>

<p style="text-align: right;">Page 30</p> <p>1 U.S. Congress, correct?</p> <p>2 A. Yes, it is.</p> <p>3 MS. MAINIGI: Objection; scope.</p> <p>4 A. Yes, in this statute.</p> <p>5 Q. And read B to us, if you don't mind.</p> <p>6 A. "The drug or other substance has a</p> <p>7 currently accepted medical use in treatment in the</p> <p>8 United States or a currently accepted medical use</p> <p>9 with severe restrictions."</p> <p>10 Q. And Cardinal also accepts that finding</p> <p>11 by the U.S. Congress; is that right?</p> <p>12 MS. MAINIGI: Objection; scope.</p> <p>13 A. That is what the statute says.</p> <p>14 Q. And does Cardinal accept that finding by</p> <p>15 Congress --</p> <p>16 MS. MAINIGI: Objection; scope.</p> <p>17 Q. -- or do you disagree?</p> <p>18 A. That is what the statute says.</p> <p>19 Q. So do you accept it or not?</p> <p>20 MS. MAINIGI: Objection; scope.</p> <p>21 A. In my personal capacity, that's what the</p> <p>22 statute says.</p> <p>23 MR. FULLER: Give me one second.</p> <p>24 (Pause in proceedings.)</p>	<p style="text-align: right;">Page 32</p> <p>1 A. I see that title, yes.</p> <p>2 Q. And it's Section 821, Rules and</p> <p>3 Regulations. If you would read that aloud to us,</p> <p>4 please.</p> <p>5 A. "The Attorney General is authorized to</p> <p>6 promulgate rules and regulations and to charge</p> <p>7 reasonable fees relating to the registration and</p> <p>8 control of the manufacture, distribution, and</p> <p>9 dispensing of controlled substances and to listed</p> <p>10 chemicals."</p> <p>11 Q. And does Cardinal agree or disagree that</p> <p>12 the Attorney -- the U.S. Attorney General has the</p> <p>13 authority to enact these rules and regulations</p> <p>14 related to both regulating as well as controlling</p> <p>15 controlled substances?</p> <p>16 MS. MAINIGI: Objection; form.</p> <p>17 Objection; scope.</p> <p>18 A. I agree the statute says the Attorney</p> <p>19 General is authorized to promulgate rules and</p> <p>20 regulations relating to the registration and</p> <p>21 control of the manufacture, distribution, and</p> <p>22 dispensing of controlled substances and listed</p> <p>23 chemicals.</p> <p>24 Q. And, again, the distribution part is</p>
<p style="text-align: right;">Page 31</p> <p>1 BY MR. FULLER:</p> <p>2 Q. Ma'am, read C to us aloud, please.</p> <p>3 A. "Abuse of the drug or other substances</p> <p>4 may lead to severe psychological or physical</p> <p>5 dependence."</p> <p>6 Q. And do you agree with that finding by</p> <p>7 the U.S. Congress related to Schedule II</p> <p>8 controlled substances?</p> <p>9 MS. MAINIGI: Objection; scope.</p> <p>10 A. I agree that's what the statute says.</p> <p>11 I'm not a medical professional to opine on that</p> <p>12 particular statement.</p> <p>13 Q. Fair enough.</p> <p>14 Now, let's go to page 3. This is still,</p> <p>15 what, Exhibit 4.</p> <p>16 Ma'am, do you see at the top this is</p> <p>17 another section of the Controlled Substances Act,</p> <p>18 correct?</p> <p>19 A. Yes.</p> <p>20 MS. MAINIGI: Objection.</p> <p>21 Q. This deals with "Registration of</p> <p>22 Manufacturers, Distributors, and Dispensers</p> <p>23 Controlled Substances."</p> <p>24 Do you see that?</p>	<p style="text-align: right;">Page 33</p> <p>1 what applies to Cardinal. Can we agree on that?</p> <p>2 A. I agree that Cardinal Health is a</p> <p>3 distributor.</p> <p>4 Q. Okay. And if you look down at the</p> <p>5 bottom section, when does it indicate this statute</p> <p>6 was created? If you look down at the bottom, when</p> <p>7 does it indicate this statute was created?</p> <p>8 MS. MAINIGI: Objection; scope.</p> <p>9 A. The paper says October 27, 1970.</p> <p>10 Q. And do you know whether the -- strike</p> <p>11 that.</p> <p>12 Does Cardinal know whether the</p> <p>13 Controlled Substances Act went into effect in</p> <p>14 1970?</p> <p>15 MS. MAINIGI: Objection; scope.</p> <p>16 A. I thought it was 1971, but --</p> <p>17 Q. Somewhere around that time frame; is</p> <p>18 that fair?</p> <p>19 A. The early '70s, yes.</p> <p>20 Q. We'll go to page number 4. And this</p> <p>21 deals with registration requirements, Section 823.</p> <p>22 Do you see that?</p> <p>23 A. I see Section 823, Registration</p> <p>24 Requirements.</p>

<p style="text-align: right;">Page 34</p> <p>1 Q. One of the things that the potential 2 distributor has to do is maintain the "maintenance 3 of the effective control against diversion of 4 particular controlled substances into other than 5 legitimate medical, scientific, and industrial 6 channels." 7 Did I read that correctly? 8 A. "Distributors of controlled substances 9 in Schedule I or Schedule II. The following 10 factors shall be considered." 11 Now, I assume there are more factors. 12 You only listed one of them. 13 Q. That's correct, yes, ma'am. 14 A. But one of the factors in determining 15 whether or not the issuance of a registration is 16 inconsistent with the public interest is 17 maintaining -- maintenance of an effective control 18 against diversion of particular controlled 19 substances into other than legitimate medical, 20 scientific, and industrial channels. 21 Q. And sitting here today, do you take the 22 position that Cardinal maintains such effective 23 controls? 24 A. Yes.</p>	<p style="text-align: right;">Page 36</p> <p>1 Do you see that? 2 A. September 10, 1970. I see August 12, 3 1970. 4 MS. MAINIGI: I think he's on the prior 5 page. 6 A. Oh, you mean actually the first page? 7 Q. Yeah. I'm sorry. 8 A. I'm sorry. September 10, 1970, yes. 9 Q. Okay. And on that same page, you see up 10 near the top, it's the Comprehensive Drug Abuse 11 Prevention and Control Act of 1970. 12 A. Yes, I see that title. 13 Q. Okay. And if you will for me turn to 14 page 5. So we're on the same page, in the upper 15 right-hand corner, there is a -- most of the 16 documents are going to have a Norris and the 17 number of the exhibit, or the way I've numbered 18 the exhibit, and then a dash and then a page 19 number. When I call out a page number, that will 20 be what I will be referring to. Is that okay? 21 A. Okay. 22 Q. All right. So if you go to page 5, this 23 is titled -- or at least on this page this is 24 titled Control and Enforcement.</p>
<p style="text-align: right;">Page 35</p> <p>1 - - - 2 (Cardinal-Norris Exhibit 5 marked.) 3 - - - 4 Q. Now, this is going to help us, at least 5 to some degree, talk about when that act was 6 passed. 7 Counsel is handing you what is marked as 8 Norris 5 and Plaintiff's Exhibit Number 5. 9 Have you seen this document before? 10 MS. MAINIGI: Counsel, can you just 11 represent to us what it is so that we don't have 12 to spend too much time taking a look through it? 13 MR. FULLER: Sure. It is the 14 Congressional Record from the Controlled 15 Substances Act. 16 A. I have not seen this document before, 17 no. 18 Q. Okay. And then, therefore, I will 19 represent to you that it is the Congressional 20 Record from the Controlled Substances Act. It's 21 the discussion they had on the floor when they 22 were passing the Act. 23 And if you look on the second page, it 24 has a date of September 10, 1970.</p>	<p style="text-align: right;">Page 37</p> <p>1 Do you see that? 2 A. I see that title. 3 Q. And then read the first statement there. 4 A. "The bill provides for control by the 5 Justice Department of problems related to drug 6 abuse through registration of manufacturers, 7 wholesalers, retailers, and all others in the 8 legitimate distribution chain and makes 9 transactions outside the legitimate distribution 10 chain illegal." 11 Q. Does Cardinal agree with that statement? 12 Strike that. Let me ask it differently. 13 Does Cardinal accept that that is one of 14 the Congressional bases for passing this act? 15 MS. MAINIGI: Objection; scope. 16 A. I acknowledge that that's what's written 17 in the record here. 18 Q. And that they make or are attempting to 19 make transactions outside the legitimate 20 distribution chain illegal? 21 MS. MAINIGI: Objection; scope. 22 A. That's the statement this language 23 makes. 24 Q. And let me ask you -- we'll get to</p>

<p style="text-align: right;">Page 38</p> <p>1 regulations and such further down the road.</p> <p>2 But as Cardinal, sitting here today, is</p> <p>3 it your understanding that if we don't comply --</p> <p>4 well, let me ask it differently.</p> <p>5 If we follow the regulations of the</p> <p>6 Controlled Substances Act, then we are acting</p> <p>7 legally. Would you agree with that?</p> <p>8 MS. MAINIGI: Objection; form.</p> <p>9 Objection; scope.</p> <p>10 A. The company's obligation is to follow</p> <p>11 the regulations and the guidance provided by the</p> <p>12 DEA.</p> <p>13 Q. And that includes the -- not just the</p> <p>14 regulations, but also the statutes pertaining to</p> <p>15 it, correct?</p> <p>16 A. The statutes, the regulations, the</p> <p>17 applicable law.</p> <p>18 Q. All the appropriate rules?</p> <p>19 A. The applicable law as modified or</p> <p>20 provided and the additional guidance by the DEA.</p> <p>21 Q. Okay. And would you -- does Cardinal</p> <p>22 agree that if we don't follow those rules as</p> <p>23 you've labeled them, that we are breaking the law?</p> <p>24 MS. MAINIGI: Objection; form.</p>	<p style="text-align: right;">Page 40</p> <p>1 BY MR. FULLER:</p> <p>2 Q. So now if you'll turn to page 8 of this</p> <p>3 document.</p> <p>4 All right. Since this one is a little</p> <p>5 longer, it's going to be my turn to read it, okay?</p> <p>6 A. Sure.</p> <p>7 Q. I didn't think you'd object to that.</p> <p>8 On page 8 it says, "This bill is</p> <p>9 designed to improve the administration and</p> <p>10 regulation of manufacturing, distribution, and</p> <p>11 dispensing of controlled substances by providing</p> <p>12 for a closed system of distribution for legitimate</p> <p>13 handlers of such drugs.</p> <p>14 "Such a closed system should</p> <p>15 significantly reduce the widespread diversion of</p> <p>16 these drugs out of the legitimate channels into</p> <p>17 the illegitimate market while at the same time</p> <p>18 providing the legitimate drug industry with a</p> <p>19 unified approach to narcotic and dangerous drug</p> <p>20 control."</p> <p>21 Did I read that right?</p> <p>22 A. Generally.</p> <p>23 Q. And does Congress -- excuse me.</p> <p>24 Does Cardinal accept that that was the</p>
<p style="text-align: right;">Page 39</p> <p>1 Objection; scope.</p> <p>2 A. A failure -- Cardinal Health's</p> <p>3 obligations are to follow the law.</p> <p>4 Q. And if we don't follow the law, for</p> <p>5 example, the Controlled Substances Act, then we're</p> <p>6 breaking the law --</p> <p>7 MS. MAINIGI: Objection; form.</p> <p>8 Objection; scope.</p> <p>9 Q. -- correct?</p> <p>10 MS. MAINIGI: Excuse me.</p> <p>11 MR. FULLER: Sorry.</p> <p>12 A. If you don't follow the law, you're</p> <p>13 breaking the law.</p> <p>14 Q. Is that a yes?</p> <p>15 A. Yes.</p> <p>16 MS. MAINIGI: Objection; form.</p> <p>17 Objection; scope to that.</p> <p>18 MR. FULLER: I just asked if that was a</p> <p>19 yes.</p> <p>20 MS. MAINIGI: It's a poorly phrased</p> <p>21 question, and it's outside the scope.</p> <p>22 MR. FULLER: I'm from Mississippi.</p> <p>23 There's going to be a lot of poorly phrased</p> <p>24 questions. I'm kidding.</p>	<p style="text-align: right;">Page 41</p> <p>1 intent by the U.S. Congress, to create a closed</p> <p>2 system of distribution?</p> <p>3 MS. MAINIGI: Objection; scope.</p> <p>4 A. I agree that the language here discusses</p> <p>5 the closed system of distribution.</p> <p>6 Q. And then that was something that</p> <p>7 Congress intentionally created, right --</p> <p>8 MS. MAINIGI: Objection.</p> <p>9 Q. -- a close system of --</p> <p>10 MR. FULLER: I'm sorry.</p> <p>11 MS. MAINIGI: No. Go ahead.</p> <p>12 Q. Let me try again. And what we're doing,</p> <p>13 so that you know, is we're trying to make sure the</p> <p>14 record is clear because it's all sloppy if she's</p> <p>15 objecting and I'm still talking or I start talking</p> <p>16 again before she finishes her objection. So I</p> <p>17 apologize for that.</p> <p>18 MS. MAINIGI: Was there a question?</p> <p>19 MR. FULLER: Huh? Yeah. I'm trying to</p> <p>20 remember what it was.</p> <p>21 BY MR. FULLER:</p> <p>22 Q. Ms. Norris, can we agree that through</p> <p>23 this section of this Congressional history, that</p> <p>24 Congress was attempting to create a closed system</p>



<p style="text-align: right;">Page 42</p> <p>1 to try to contain the controlled substances into 2 the legitimate channels of distribution? 3 MS. MAINIGI: Objection; scope. 4 A. I agree that's what the language says. 5 I don't -- obviously I haven't read every -- all 6 the context around it, but the language 7 highlighted defines the closed distribution 8 system. 9 Q. Okay. And it even indicates that even 10 as far back as 1970, Congress is trying to 11 significantly reduce the widespread diversion of 12 controlled drugs out of legitimate channels into 13 the illicit market, correct? 14 MS. MAINIGI: Objection; scope. 15 A. That is what the language says. 16 Q. And that one of the ways they do that is 17 by creating this closed system. 18 Do you have an understanding of what 19 this "closed system" is? 20 A. I do, yes. 21 Q. Can you -- explain it briefly. 22 A. It's the system that Cardinal Health 23 operates in. It purchases pharmaceuticals it 24 distributes from licensed manufacturers. It</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. Fair enough. Let me ask that 2 differently. 3 A. Sorry. 4 Q. No, no. You're absolutely right. 5 Congress has created a licensing 6 requirement for manufacturers; is that correct? 7 MS. MAINIGI: Objection; scope. 8 A. I believe so. 9 Q. We know that Congress has created a 10 licensing requirement for wholesale distributors 11 such as Cardinal Health, correct? 12 A. Yes. 13 Q. And if you're not licensed, you can't 14 play in this ball game; is that fair? 15 MS. MAINIGI: Objection; form. 16 Objection; scope. 17 A. I believe that -- yes, that's the -- 18 Q. So -- 19 A. That's the closed distribution system. 20 Sorry. 21 Q. No. And if I start to do that, I 22 apologize. It's just that I'm thinking you're 23 done. In normal conversation, it happens. 24 A. I may have pregnant pauses --</p>
<p style="text-align: right;">Page 43</p> <p>1 distributes those pharmaceuticals to licensed 2 pharmacies for dispensing by those pharmacies 3 to -- pursuant to prescriptions by licensed 4 practitioners. 5 Q. So what Congress was doing was limiting 6 those who could participate in this industry, 7 correct? 8 MS. MAINIGI: Objection; scope. 9 A. I think it was laying out the system to 10 go from the -- from licensed player to licensed 11 player. 12 Q. And that's my point. You have to be a 13 licensed player. I can't go out and set up Mike's 14 Drive-Thru Pharmacy and start getting controlled 15 substances shipped to me, right? 16 MS. MAINIGI: Objection; scope. 17 A. Not if you're not licensed 18 appropriately. 19 Q. Not licensed. And what Congress has 20 done is it created licensed manufacturers, 21 correct? 22 MS. MAINIGI: Objection; scope. 23 A. I don't know if Congress created them, 24 but there are licensed manufacturers, yes.</p>	<p style="text-align: right;">Page 45</p> <p>1 Q. Yes. 2 A. -- so give me a chance. 3 Q. No, no. Same here. Same here. 4 By the time we've finished, we'll both 5 know it, and it will be too late, though. 6 All right. If you'll turn to page 11 of 7 this document. Let me know when you get there. 8 And if you want to look at any other 9 part of this document, 90 whatever pages, you are 10 more than free to do that, Ms. Norris. 11 Are you there on page 11? 12 A. I am. Just give me one second, please. 13 Q. Sure. 14 A. Okay. 15 Q. All right. And on page 11 -- and on 16 page 11, Congress says that "The price for 17 participation in this traffic should be 18 prohibitive. It should be made too dangerous to 19 be attractive." 20 And here they're talking about the 21 illegal traffic; is that correct? 22 MS. MAINIGI: Objection; form. 23 Objection; scope. 24 A. I believe, based on the language here --</p>



<p style="text-align: right;">Page 46</p> <p>1 again, I don't have the full context, but the  2 first sentence refers to illegal traffic, and it  3 seems to be referring -- the language in the  4 second sentence seems to -- and third seem to be  5 referring to that.  6 Q. And "to be prohibitive," what does  7 "prohibitive" mean, if you know?  8 MS. MAINIGI: Objection.  9 A. To cause someone to not do something.  10 Q. To detour some sort of -- I'm sorry. Go  11 ahead. I'm doing it again.  12 A. No. That's fine.  13 Q. To detour -- "detour" is not the right  14 word.  15 MS. MAINIGI: Deter.  16 Q. Deter. See, I told you. Thank you.  17 Start again.  18 "Prohibitive" in this sense means to  19 deter some type or fashion of conduct.  20 Can we agree on that?  21 A. Yes.  22 Q. And that Congress is trying to make it  23 too dangerous to be attractive; is that right?  24 MS. MAINIGI: Objection; scope.</p>	<p style="text-align: right;">Page 48</p> <p>1 But fair enough.  2 If you'll next turn to page 26 of this  3 document. And you see the section there under law  4 enforce -- I'm sorry. You're not there yet. I  5 apologize.  6 A. Sorry.  7 Q. It's a big document, and I cheated a  8 little bit because mine has tabs.  9 A. Page 26?  10 Q. Yes, ma'am.  11 A. Yes.  12 Q. Okay. And you see the section there  13 under Law Enforcement?  14 A. I do.  15 Q. And can you read that highlighted  16 section for us, please.  17 A. "Titles II and Titles III of the bill  18 deal with law enforcement aspects of drug abuse  19 and provide authority for the Department of  20 Justice to keep track of all drugs subject to  21 abuse manufactured or distributed in the United  22 States in order to prevent diversion of these  23 drugs from legitimate channels of commerce."  24 Q. And Cardinal agrees that the Department</p>
<p style="text-align: right;">Page 47</p> <p>1 A. Congress is making the statement that  2 the price for participation should be made too  3 dangerous to be attractive, participation in the  4 illegal and -- in the illegal trafficking.  5 Q. Right. And we know from an earlier  6 section of the code, that the U.S. Congress gave  7 the Department of Justice the ability to control  8 that issue, correct?  9 A. Yes.  10 MS. MAINIGI: Objection; scope.  11 Q. Yes, I believe that's what we talked  12 about. When it says "made too dangerous to be  13 attractive," is it -- we can agree, can we not,  14 that that means the penalty needs to be high  15 enough to deter the conduct; is that fair?  16 MS. MAINIGI: Objection; scope.  17 A. Generally, yes. I couldn't say what  18 that is.  19 Q. When you say "what that is," you mean  20 what the penalty would have to be?  21 MS. MAINIGI: Objection; scope.  22 A. Yes.  23 Q. Correct. And I'm not even asking you  24 about that. That's for DOJ and DEA to figure out.</p>	<p style="text-align: right;">Page 49</p> <p>1 of Justice has that authority which we just  2 mentioned earlier, correct?  3 MS. MAINIGI: Objection; scope.  4 A. The Department of Justice -- I guess we  5 were talking about the Attorney General earlier.  6 Q. And who heads up the Department of  7 Justice?  8 A. The Attorney General. So the -- yes,  9 yes.  10 Q. Different terms, but generally we're  11 speaking about the same entity or guy or girl,  12 whoever it may be?  13 A. I'm just a lowly commercial attorney  14 so --  15 Q. No. Nothing lowly about it.  16 A. -- to get all of this straight.  17 Q. And the goal is, at least according to  18 this section, for the Department of Justice "to  19 keep track of all drugs subject to abuse  20 manufactured or distributed in the United States  21 in order to prevent the diversion of these drugs  22 from legitimate channels of commerce."  23 Do you agree with that?  24 MS. MAINIGI: Objection; scope.</p>

<p style="text-align: right;">Page 50</p> <p>1 A. I agree that that's what the language 2 says, yes.</p> <p>3 Q. And do you agree that that's a good goal 4 to have?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 A. Generally speaking, yes.</p> <p>7 Q. Does Cardinal try to operate in a 8 fashion that prevents the diversion of controlled 9 substances into the illicit market?</p> <p>10 A. Yes.</p> <p>11 Q. Why?</p> <p>12 MS. MAINIGI: Objection; scope.</p> <p>13 A. Cardinal Health, in performing its 14 distribution services, follows the applicable 15 laws, rules, and regulations, and the guidance 16 provided by the DEA.</p> <p>17 Q. And Cardinal is in the business of 18 dealing and distributing controlled substances, 19 particularly Schedule IIs, correct?</p> <p>20 A. Not dealing.</p> <p>21 Q. Sorry. Distributing. Let me ask it 22 again.</p> <p>23 Cardinal is in the business of 24 distributing controlled substances, including</p>	<p style="text-align: right;">Page 52</p> <p>1 according to the Congressional -- according to the 2 statute, but they also have a legitimate medical 3 purpose.</p> <p>4 Q. Sure. And as a distributor, Cardinal 5 wants to try to prevent as much abuse and 6 addiction as we can, correct?</p> <p>7 MS. MAINIGI: Objection; scope.</p> <p>8 A. Cardinal Health's obligation is to 9 operate in the closed distribution system in 10 accordance with the applicable laws, rules, 11 regulations, and guidance from the DEA.</p> <p>12 Q. Does Cardinal also want to, in its 13 operations, do what it can to prevent abuse and 14 addiction?</p> <p>15 MS. MAINIGI: Objection; scope.</p> <p>16 A. Cardinal Health wants to perform its 17 services in compliance with the applicable laws, 18 rules, and regulations, and the guidance by the 19 DEA.</p> <p>20 Q. No. I understand that. You said that. 21 But do they want to help try to prevent abuse and 22 addiction?</p> <p>23 MS. MAINIGI: Objection; asked and 24 answered. Objection; scope.</p>
<p style="text-align: right;">Page 51</p> <p>1 Schedule IIs; is that correct?</p> <p>2 A. Cardinal Health distributes 3 pharmaceuticals, including controlled substances, 4 which includes Schedule II items.</p> <p>5 Q. And as we discussed earlier, Schedule 6 IIs have a heightened designation to them because 7 they are considered to be potentially dangerous --</p> <p>8 MS. MAINIGI: Objection.</p> <p>9 Q. -- is that correct?</p> <p>10 MS. MAINIGI: Excuse me. Objection; 11 scope.</p> <p>12 A. Schedule IIs, as I understand it, have 13 additional controls that need to be applied to the 14 manufacture, distributing, dispensing, 15 prescribing, and using, yes.</p> <p>16 Q. And is that because they are potentially 17 dangerous?</p> <p>18 MS. MAINIGI: Objection; scope.</p> <p>19 A. One of the comments, I believe, were 20 made they have the -- they could --</p> <p>21 Q. And you can refer back -- I'm sorry.</p> <p>22 A. Yeah.</p> <p>23 Q. You can refer back to it if you need to.</p> <p>24 A. They have a high potential for abuse</p>	<p style="text-align: right;">Page 53</p> <p>1 A. Cardinal Health doesn't interact with 2 the ultimate users of the pharmaceuticals. As we 3 talked about, the system is -- Cardinal Health is 4 removed through the closed distribution system.</p> <p>5 Q. Cardinal Health isn't removed; it's 6 specifically included in the closed distribution 7 system; is that true?</p> <p>8 A. I misspoke. Cardinal Health is removed 9 from the ultimate user within the closed 10 distribution system.</p> <p>11 Q. But Cardinal Health does have 12 obligations related to the distribution in 13 ensuring that they -- that these controlled 14 substances maintain into the licit market and not 15 the illicit market, correct?</p> <p>16 MS. MAINIGI: Objection; form.</p> <p>17 A. Cardinal Health has an obligation to 18 maintain effective controls against diversion.</p> <p>19 Q. Why?</p> <p>20 MS. MAINIGI: Objection; form.</p> <p>21 Objection; scope.</p> <p>22 A. I'm not sure I understand your question.</p> <p>23 Q. Sure. You said --</p> <p>24 MR. FULLER: I can never work these</p>

Page 54

1 little computer thingies.  
 2 THE COURT REPORTER: The arrow on the  
 3 right.  
 4 MR. FULLER: Yeah, I pushed it. It  
 5 doesn't work for me. I don't know why.  
 6 BY MR. FULLER:  
 7 Q. You said Cardinal Health has an  
 8 obligation to maintain effective controls against  
 9 diversion. Why?  
 10 MS. MAINIGI: Objection; form.  
 11 Objection; scope.  
 12 A. My understanding is that's the language  
 13 of the law that applies to us.  
 14 Q. So are they only doing that because  
 15 that's the law that applies to them?  
 16 MS. MAINIGI: Objection; scope.  
 17 A. Cardinal Health is a corporation that  
 18 operates in accordance with the laws that apply to  
 19 it.  
 20 Q. All right. Now, we're going to just  
 21 turn one page, page 27 of this document.  
 22 You see the section there Registration  
 23 Requirements?  
 24 A. I do.

Page 55

1 Q. It says, "The legislation provides that  
 2 all persons engaged in the legitimate distribution  
 3 chain involving drugs included in one of the  
 4 schedules under this bill must be registered with  
 5 the Attorney General."  
 6 Does Cardinal agree and concur with that  
 7 statement?  
 8 MS. MAINIGI: Objection to scope.  
 9 A. I agree that that's what that sentence  
 10 says, yes.  
 11 Q. And is that a requirement, to be a  
 12 distributor when you're dealing with controlled  
 13 substances, is to be registered through the  
 14 Attorney General?  
 15 MS. MAINIGI: Objection; form.  
 16 A. That is my understanding.  
 17 Q. And Cardinal is registered with the  
 18 Attorney General through the DEA, correct?  
 19 A. Yes.  
 20 Q. Okay. And, again, that goes to that  
 21 whole closed system we were talking about earlier.  
 22 You have to have a ticket to be able to  
 23 participate in this distribution chain; is that  
 24 right?

Page 56

1 MS. MAINIGI: Objection; form.  
 2 Objection; scope.  
 3 A. That is my understanding, that the  
 4 parties in the closed distribution chain are all  
 5 licensed in their various functions.  
 6 Q. Now, if you go to page 34. And I  
 7 promise we're getting to the end of my tabs in  
 8 this document.  
 9 Did you make it there?  
 10 A. I have.  
 11 Q. It says, "The illegal importation,  
 12 manufacture, distribution, and possession, and  
 13 improper use of controlled substances have a  
 14 substantial detrimental effect on the public's  
 15 health and general welfare."  
 16 Do you see that?  
 17 A. I do.  
 18 Q. And does Cardinal agree that that's one  
 19 of the findings by Congress?  
 20 MS. MAINIGI: Objection; scope.  
 21 A. I believe, as we talked about before, in  
 22 accordance with Section 801, that is a finding of  
 23 Congress, yes.  
 24 Q. And that's one of the goals behind this

Page 57

1 Controlled Substances Act, again, is to ensure the  
 2 legitimate distribution of controlled substances  
 3 in keeping them out of the illicit market, right?  
 4 MS. MAINIGI: Objection; scope.  
 5 A. Yes.  
 6 Q. And Cardinal also recognizes that  
 7 distributions into the illicit market have a  
 8 substantial and detrimental effect on the public's  
 9 health and general welfare?  
 10 MS. MAINIGI: Objection; scope.  
 11 A. Distribution -- the illegal distribution  
 12 has a substantial detrimental effect on the  
 13 public's health and general welfare.  
 14 Q. Okay. Turn to page 44, if you would,  
 15 please.  
 16 And this section just sort of  
 17 resolidifies what we read earlier. Do you see  
 18 Section 301 sort of in the middle of the page  
 19 there?  
 20 A. I do.  
 21 Q. And it says, "Section 301 authorizes the  
 22 Attorney General to promulgate rules and  
 23 regulations and to charge reasonable fees relating  
 24 to the registration and control of the

<p style="text-align: right;">Page 58</p> <p>1 manufacture, distribution, and dispensing of 2 substances covered by this Act." 3 Does Cardinal recognize that as part of 4 the powers conferred to the Attorney General by 5 the United States Congress? 6 MS. MAINIGI: Objection; scope. 7 A. That's what the language says. 8 Q. If you'll turn one more page, 44 -- or 9 excuse me. 45. It starts at the bottom of the 10 page under the Section 303, Registration 11 Requirements. 12 Do you see that? 13 A. I see the highlighted section. Just one 14 second. 15 Q. Take your time. And I'll tell you, the 16 question is going to go on to the next page, so 17 you might want to flip over. 18 A. Okay. 19 Q. Okay. So I'm not going to start all the 20 way at the top. I'm going to start where it says 21 "In determining." 22 Do you see that? Second to last line on 23 the first page. 24 A. Yes, sir.</p>	<p style="text-align: right;">Page 60</p> <p>1 health and safety." 2 Do you see that? 3 A. I see that. 4 Q. And we're next going to move to the 5 regulations which deal with suspicious orders. 6 You're aware of that, correct? 7 MS. MAINIGI: Objection; form. 8 A. I'm not aware we're going to move to 9 that. I'm aware of the regulations. 10 Q. Well, this is sort of a prequel in a 11 movie. I'm giving you the foreshadowing, okay? 12 A. Okay. 13 MR. FULLER: You don't have to shake 14 your head every time I do something. 15 MS. MAINIGI: Just waiting for the next 16 question. 17 BY MR. FULLER: 18 Q. But before we do that, you are aware 19 that there is a suspicious order reporting 20 requirement; is that correct? 21 A. I am. 22 Q. And this obligation to maintain 23 effective controls against diversion is separate 24 and distinct from that other regulation; would you</p>
<p style="text-align: right;">Page 59</p> <p>1 Q. Ms. Norris, can you read from "In 2 determining" just through -- actually, let me 3 strike that. I'll just read it to you to make it 4 easier because I know where I want to go. 5 Ms. Norris, "In determining the public 6 interest, the Attorney General shall consider the 7 following factors." 8 Do you see that? 9 A. I do. 10 Q. And the following factors include 1 11 through 5, but particularly 1 is "The maintenance 12 of the effective controls against diversion of 13 particular controlled substances into other than 14 legitimate medical, scientific, and industrial 15 channels." 16 Does Cardinal agree that that is one of 17 the requirements to be a participant in this 18 distribution channel? 19 MS. MAINIGI: Objection; scope. 20 A. I believe that's generally the 21 obligation. 22 Q. And then it goes on to 2, 3, and 4, but 23 significant to us is 5. "Such other factors as 24 may be relevant to and consistent with public</p>	<p style="text-align: right;">Page 61</p> <p>1 agree? 2 MS. MAINIGI: Objection; form. 3 Objection; scope. 4 A. They're in two separate places, but I 5 would argue that suspicious order reporting is 6 part of maintaining effective controls against 7 diversion. 8 Q. It may be a subset, correct? 9 A. Yes. 10 Q. You would also agree, as Cardinal, that 11 there are other things that we have to do to 12 maintain effective controls against diversion 13 other than suspicious order reporting, correct? 14 MS. MAINIGI: Objection; form. 15 A. Yes. 16 Q. What are some of those other things that 17 Cardinal has to do to prevent or have effective 18 controls against diversion? 19 MS. MAINIGI: Objection; form. 20 Objection; scope. 21 I think, Mike, if you are asking what 22 does Cardinal do to meet its obligations, that 23 might be the better question. 24 MR. FULLER: I'll strike the question.</p>



<p style="text-align: right;">Page 62</p> <p>1 Don't worry about it.</p> <p>2 BY MR. FULLER:</p> <p>3 Q. All right. I think we're done with that</p> <p>4 book.</p> <p>5 - - -</p> <p>6 (Cardinal-Norris Exhibit 6 marked.)</p> <p>7 - - -</p> <p>8 Q. All right. Next is Norris 6, which is</p> <p>9 going to be Plaintiff's Number 6.</p> <p>10 What did I tell you? Where do we go</p> <p>11 next?</p> <p>12 I'm sorry. Do you have Exhibit Number 6</p> <p>13 in front of you, Ms. Norris?</p> <p>14 A. I do.</p> <p>15 Q. Okay. And this is -- we were earlier</p> <p>16 looking at the U.S. Code, correct, and now we're</p> <p>17 looking at the Code of Federal Regulations, right?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. And this is still Title 21,</p> <p>20 Chapter 2. Do you see that? "Drug Enforcement</p> <p>21 Administration, Department of Justice."</p> <p>22 A. I see that in the title.</p> <p>23 MS. MAINIGI: And, Mr. Fuller, for the</p> <p>24 purpose of the record, is it fair to say that you</p>	<p style="text-align: right;">Page 64</p> <p>1 applies to Cardinal.</p> <p>2 Q. Okay. And then read the requirements</p> <p>3 under B to us, if you would, please.</p> <p>4 A. "The registrant shall design and operate</p> <p>5 a system to disclose to the registrant suspicious</p> <p>6 orders of controlled substances. The registrant</p> <p>7 shall inform the field division office of the</p> <p>8 administration in his area of suspicious orders</p> <p>9 when discovered by the registrant. Suspicious</p> <p>10 orders include orders of unusual size, orders</p> <p>11 deviating substantially from a normal pattern, and</p> <p>12 orders of unusual frequency."</p> <p>13 Q. And does Cardinal believe it fits the</p> <p>14 description of registrant as it relates to this</p> <p>15 code section -- this regulation? I'm sorry.</p> <p>16 A. Yes. Cardinal is a registrant.</p> <p>17 Q. And does Cardinal believe it has an</p> <p>18 obligation under this regulation to operate a</p> <p>19 system to disclose suspicious orders of controlled</p> <p>20 substances?</p> <p>21 A. Cardinal Health's obligation is to</p> <p>22 comply with this section, which requires it to</p> <p>23 design and operate a system to disclose suspicious</p> <p>24 orders of controlled substances.</p>
<p style="text-align: right;">Page 63</p> <p>1 again have just excerpted a portion of the</p> <p>2 regulations?</p> <p>3 MR. FULLER: Yes, ma'am. Although, we</p> <p>4 sometimes question what our rulemaking bodies do,</p> <p>5 they did not start with B.</p> <p>6 MS. MAINIGI: Thank you.</p> <p>7 MR. FULLER: Fair enough.</p> <p>8 BY MR. FULLER:</p> <p>9 Q. And this is -- Ms. Norris, this is Part</p> <p>10 1301, "Registration of Manufacturers,</p> <p>11 Distributors, and Dispensers of Controlled</p> <p>12 Substances, Security Requirements."</p> <p>13 Have you seen this section before or the</p> <p>14 complete section?</p> <p>15 A. I have.</p> <p>16 Q. And if you will read 1301.74 there to</p> <p>17 us, please.</p> <p>18 A. "Other security controls for</p> <p>19 non-practitioners; narcotic treatment programs and</p> <p>20 compounders for narcotic treatment programs."</p> <p>21 Q. And does Cardinal agree that this</p> <p>22 section applies to them?</p> <p>23 MS. MAINIGI: Objection; scope.</p> <p>24 A. It's my understanding that this section</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. And if you look at the bottom of this</p> <p>2 section, it gives a date.</p> <p>3 Do you see that date there, April 24th</p> <p>4 of 1971?</p> <p>5 A. I do.</p> <p>6 Q. And I'll represent to you that that's</p> <p>7 the date this particular regulation was created.</p> <p>8 Is that your understanding, is that this</p> <p>9 regulation has been in place since approximately</p> <p>10 1971?</p> <p>11 A. It is.</p> <p>12 Q. Is it your understanding that this</p> <p>13 regulation has remained significantly unchanged</p> <p>14 since 1971, meaning that there has been a</p> <p>15 suspicious order reporting requirement since that</p> <p>16 time?</p> <p>17 A. The language of the statute has not</p> <p>18 changed since 1971. Guidance from the DEA</p> <p>19 regarding the statute has evolved over time.</p> <p>20 Q. So, again, let me ask the question. Is</p> <p>21 it your understanding that Cardinal has had a</p> <p>22 suspicious order reporting requirement since 1971?</p> <p>23 A. This requirement has been in place since</p> <p>24 1971 and applicable to Cardinal Health as modified</p>



<p style="text-align: right;">Page 66</p> <p>1 by the guidance provided by the DEA over the</p> <p>2 years.</p> <p>3 Q. Sure. And we'll talk about that.</p> <p>4 A. Sure.</p> <p>5 Q. I'm sure we will spend a good bit of the</p> <p>6 day on that.</p> <p>7 Does Cardinal operate a system to</p> <p>8 disclose suspicious orders?</p> <p>9 A. Yes.</p> <p>10 Q. And have they always operated or</p> <p>11 maintained such a system?</p> <p>12 A. Yes, in accordance with the DEA</p> <p>13 guidance.</p> <p>14 - - -</p> <p>15 (Cardinal-Norris Exhibit 7 marked.)</p> <p>16 - - -</p> <p>17 Q. And just so we have -- no, that's not</p> <p>18 going to work.</p> <p>19 I'm going to put up Exhibit Number 7,</p> <p>20 which is Norris 07 and also going to be</p> <p>21 Plaintiff's Exhibit Number 7. You see -- and I'm</p> <p>22 sorry. I'm jumping around on you. But back on</p> <p>23 Number 6, you see there at the bottom, it also</p> <p>24 says, "36 FR 7778" -- excuse me.</p>	<p style="text-align: right;">Page 68</p> <p>1 A. Generally. There's some variation.</p> <p>2 Q. But no substantive changes; can we</p> <p>3 agree?</p> <p>4 MS. MAINIGI: Objection.</p> <p>5 A. It does not appear to be substantive.</p> <p>6 Q. So does Cardinal agree and accept that</p> <p>7 the obligations under 21 CFR 1301.74(b) have been</p> <p>8 in place and applied to Cardinal since 1971?</p> <p>9 MS. MAINIGI: Objection; form.</p> <p>10 Objection; scope.</p> <p>11 A. This regulation has been in place since</p> <p>12 1971. To the extent Cardinal Health was</p> <p>13 distributing pharmaceuticals -- I believe they</p> <p>14 were -- yes, this is applicable.</p> <p>15 Q. Thank you. I was going to go back and</p> <p>16 place that caveat in there, but you did it for me.</p> <p>17 I appreciate that.</p> <p>18 We've been going a little over an hour</p> <p>19 already. Do you mind if we take a break real</p> <p>20 quick?</p> <p>21 A. It's up to you.</p> <p>22 MR. FULLER: Are you good?</p> <p>23 MS. MAINIGI: Mm-hmm.</p> <p>24 THE VIDEOGRAPHER: The time is now 9:23.</p>
<p style="text-align: right;">Page 67</p> <p>1 MS. MAINIGI: You're at the bottom of</p> <p>2 the 6?</p> <p>3 A. Yep. Yes, I see that.</p> <p>4 Q. Actually, just ignore that.</p> <p>5 A. Okay.</p> <p>6 Q. Go on to Number 7. And if you will</p> <p>7 turn -- and, again, feel free to review it. If</p> <p>8 you'll go to page 7 of that document. I'm sorry.</p> <p>9 Page 10.</p> <p>10 Do you see the highlighted section</p> <p>11 there?</p> <p>12 A. I'm sorry. What page? I was</p> <p>13 familiarizing --</p> <p>14 Q. I'm sorry. Page --</p> <p>15 A. -- myself at least with what this</p> <p>16 document is.</p> <p>17 Q. Fair enough. Fair enough.</p> <p>18 And I'll represent to you it is the</p> <p>19 actual regulation back in 1971.</p> <p>20 A. Okay. And now what page?</p> <p>21 Q. It's page 10 of that document. And if</p> <p>22 you look real briefly at the highlighted section,</p> <p>23 tell me whether it appears to be the same</p> <p>24 regulation that we just read.</p>	<p style="text-align: right;">Page 69</p> <p>1 Going off the record.</p> <p>2 (Recess taken.)</p> <p>3 THE VIDEOGRAPHER: The time is now 9:44.</p> <p>4 Back on the record.</p> <p>5 - - -</p> <p>6 (Cardinal-Norris Exhibit 8 marked.)</p> <p>7 - - -</p> <p>8 BY MR. FULLER:</p> <p>9 Q. Next we'll mark Plaintiff's Exhibit</p> <p>10 Number 8, which is Norris 11.</p> <p>11 MS. MAINIGI: Norris 11?</p> <p>12 MR. FULLER: Yes. So that's my sort of</p> <p>13 Bates numbering at the top. Sorry.</p> <p>14 MS. MAINIGI: But the last one we marked</p> <p>15 was Norris 7, right?</p> <p>16 MR. FULLER: Yes.</p> <p>17 MS. MAINIGI: Okay. But you want to</p> <p>18 jump to 11?</p> <p>19 MR. FULLER: Yes, ma'am.</p> <p>20 MS. VELDMAN: No, no. It's still 8.</p> <p>21 MR. FULLER: No. For the record, it's</p> <p>22 going to be 8, but my numbering system is going to</p> <p>23 be --</p> <p>24 MS. MAINIGI: Yeah. Thank you.</p>

<p style="text-align: right;">Page 70</p> <p>1 MR. FULLER: Sorry.</p> <p>2 MS. MAINIGI: No, no, no. That's okay.</p> <p>3 A. We're done with the regulations?</p> <p>4 Q. Yes, ma'am.</p> <p>5 MR. FULLER: And I'm sorry, Enu -- or</p> <p>6 Counsel. It's -- I have them labeled a certain</p> <p>7 way so --</p> <p>8 MS. MAINIGI: That's totally fine.</p> <p>9 MR. FULLER: -- Gina knows, but as far</p> <p>10 as Plaintiff exhibit numbers --</p> <p>11 MS. MAINIGI: She seems to have it under</p> <p>12 control, so all good.</p> <p>13 MR. FULLER: She does a great job.</p> <p>14 BY MR. FULLER:</p> <p>15 Q. Ms. Norris, have you ever heard of the</p> <p>16 HathiTrust?</p> <p>17 A. I have not.</p> <p>18 Q. Neither had I until this litigation, or</p> <p>19 until Paul Farrell, Jr., told me about it.</p> <p>20 MR. FULLER: That is awful loud.</p> <p>21 MS. MAINIGI: Yeah. I was just thinking</p> <p>22 the same thing. It is very loud.</p> <p>23 THE WITNESS: If you speak up, I think I</p> <p>24 will be fine. I will ensure that I do the same.</p>	<p style="text-align: right;">Page 72</p> <p>1 MS. MAINIGI: Objection; scope.</p> <p>2 A. It's a pharmaceutical to treat pain.</p> <p>3 Q. It's an opioid medication, right?</p> <p>4 MS. MAINIGI: Objection; scope.</p> <p>5 A. I believe it is an opioid, yes.</p> <p>6 Q. Okay. And let's back up a little bit</p> <p>7 before we get into this document.</p> <p>8 And going back to the regulations and</p> <p>9 everything that we just went through, rules, for a</p> <p>10 lack of a better term, do you have an</p> <p>11 understanding that the -- does Cardinal have an</p> <p>12 understanding that the Controlled Substances Act</p> <p>13 was designed to prevent the American public from</p> <p>14 diversion of controlled substances?</p> <p>15 MS. MAINIGI: Objection; scope.</p> <p>16 A. The -- I believe the Controlled</p> <p>17 Substances Act was designed to ensure there was</p> <p>18 oversight over the distribution of controlled</p> <p>19 substances.</p> <p>20 Q. And why do we want oversight over</p> <p>21 controlled substances? Because they're</p> <p>22 potentially dangerous; is that right?</p> <p>23 MS. MAINIGI: Objection; scope.</p> <p>24 A. I believe we read Congress identified</p>
<p style="text-align: right;">Page 71</p> <p>1 MR. FULLER: I don't know how it's</p> <p>2 picking up on the tape, though. All right. Well,</p> <p>3 we'll try.</p> <p>4 BY MR. FULLER:</p> <p>5 Q. The HathiTrust is a non-profit set of</p> <p>6 libraries that actually collects stuff throughout</p> <p>7 history, generally Congressional type of items.</p> <p>8 And what you have before you, if you turn to the</p> <p>9 second page, is a hearing before the Subcommittee</p> <p>10 on Oversight and Investigations.</p> <p>11 Do you see that?</p> <p>12 A. I see that in the title, yes.</p> <p>13 Q. Yes, ma'am. And what is the title of</p> <p>14 this hearing?</p> <p>15 A. "OxyContin: Its Use and Abuse."</p> <p>16 Q. And you're aware, are you not, that</p> <p>17 OxyContin is a product that was put on the market</p> <p>18 in 1996 by Purdue Pharma?</p> <p>19 MS. MAINIGI: Objection; scope.</p> <p>20 A. I don't -- I don't know the exact date</p> <p>21 in my personal capacity.</p> <p>22 Q. Do you know what OxyContin is?</p> <p>23 A. I do.</p> <p>24 Q. What is OxyContin?</p>	<p style="text-align: right;">Page 73</p> <p>1 that at least Schedule II controlled substances</p> <p>2 have a high potential for abuse.</p> <p>3 Q. And that they're actually dangerous if</p> <p>4 not used appropriately, correct?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 A. They have a high potential for abuse.</p> <p>7 Q. So does that mean they're potentially</p> <p>8 dangerous?</p> <p>9 MS. MAINIGI: Objection; scope.</p> <p>10 A. I'm not sure. "Dangerous" has a lot of</p> <p>11 connotations. They have a high potential for</p> <p>12 abuse per the language in the statute --</p> <p>13 regulation. Sorry.</p> <p>14 Q. So, ma'am, going back to Exhibit Number</p> <p>15 5, which you have there, on page 8 of that</p> <p>16 document -- let me know when you have that.</p> <p>17 A. I do. Page 8, yes.</p> <p>18 Q. It says there at the end that "While at</p> <p>19 the same time providing the legitimate drug</p> <p>20 industry with a unified approach to narcotic and</p> <p>21 dangerous drug control."</p> <p>22 Correct?</p> <p>23 A. That's what the language says, yes.</p> <p>24 Q. So it recognizes that these are</p>

<p style="text-align: right;">Page 74</p> <p>1 potentially dangerous drugs; would you agree with 2 that?</p> <p>3 MS. MAINIGI: Objection; form. 4 Objection; scope.</p> <p>5 Q. Or do you disagree?</p> <p>6 MR. FULLER: Objection; form. 7 Objection; scope.</p> <p>8 A. I think they're using the term 9 "dangerous" to create a category of drugs, not -- 10 so ...</p> <p>11 Q. Would you agree they're trying to 12 control dangerous drugs, whether you look at it as 13 a category or an individual drug, correct?</p> <p>14 MS. MAINIGI: Objection; form. 15 Objection; scope.</p> <p>16 A. Yes, understanding the legitimate -- 17 there is a legitimate purpose and use for these 18 pharmaceuticals.</p> <p>19 Q. That is undeniable as they set out in 20 each one of their schedules. We looked at 21 Schedule II. There is a legitimate medical 22 purpose. We can agree on that, correct?</p> <p>23 A. Yes.</p> <p>24 Q. But these are also potentially dangerous</p>	<p style="text-align: right;">Page 76</p> <p>1 Q. Do you think -- does Cardinal believe 2 that drugs that have a high potential for abuse 3 could be potentially dangerous?</p> <p>4 MS. MAINIGI: Objection; form. 5 Objection; scope.</p> <p>6 A. Not necessarily.</p> <p>7 Q. Well, that's why I said "can be 8 potentially dangerous." So let me ask the 9 question again.</p> <p>10 Does Cardinal believe that drugs that 11 have a high potential for abuse can be potentially 12 dangerous?</p> <p>13 MS. MAINIGI: Objection; form. 14 Objection; scope.</p> <p>15 A. Perhaps.</p> <p>16 Q. So is that a yes?</p> <p>17 MS. MAINIGI: Objection; form. 18 Objection; scope.</p> <p>19 A. Potentially. Perhaps, yes.</p> <p>20 Q. Okay. So just so I get it clean on the 21 record, does Cardinal believe that drugs that have 22 a high potential for abuse can be potentially 23 dangerous?</p> <p>24 MS. MAINIGI: Objection; form. Asked</p>
<p style="text-align: right;">Page 75</p> <p>1 drugs, particularly when we're talking about 2 Schedule II?</p> <p>3 MS. MAINIGI: Objection; form. 4 Objection; scope.</p> <p>5 A. They're not particularly mentioning 6 Schedule II in this language. I agree that 7 Schedule II drugs per the language have a high 8 potential for abuse.</p> <p>9 Q. So are they dangerous drugs or not; yes 10 or no?</p> <p>11 MS. MAINIGI: Objection; form. 12 Objection; scope.</p> <p>13 Q. You could say yes, no, or I don't know.</p> <p>14 A. I can't opine on whether that's what 15 they meant when they said "dangerous drug control" 16 here. I can only say what the statute says.</p> <p>17 Q. Okay. And it specifically refers to 18 dangerous drugs?</p> <p>19 A. The Congressional Record refers to 20 dangerous drugs.</p> <p>21 Q. Yes, ma'am.</p> <p>22 A. The statute talks about drugs with a 23 high potential for abuse, but also having a 24 legitimate medical purpose.</p>	<p style="text-align: right;">Page 77</p> <p>1 and answered multiple times now. Objection; 2 scope.</p> <p>3 A. Perhaps, yes.</p> <p>4 Q. And can we agree that the rules that are 5 laid out are partially designed to keep the 6 American people safe when we're dealing with 7 controlled substances?</p> <p>8 MS. MAINIGI: Objection; scope.</p> <p>9 A. The rules, as I understand them, are to 10 ensure that the participants in the distribution 11 system understand their obligations and operate 12 within that distribution -- that closed 13 distribution system, maintaining the security of 14 the pharmaceuticals we distribute, the scheduled 15 substances we distribute.</p> <p>16 Q. And the rules also indicate a 17 Congressional finding that if we don't keep them 18 in their legitimate channels, that they can be 19 dangerous to the health and general welfare of the 20 American public, correct?</p> <p>21 MS. MAINIGI: Objection; form. Asked 22 and answered. Objection; scope.</p> <p>23 A. Congress made a finding that the illegal 24 distribution -- let me make sure I read it</p>

<p style="text-align: right;">Page 78</p> <p>1 correctly -- "would have a substantial and 2 detrimental effect on the health and general 3 welfare of the American people." 4 Q. So can we agree that that's one of the 5 type of things that they're trying to protect 6 from? 7 MS. MAINIGI: Objection; form. 8 Objection; scope. 9 A. I don't know what Congress was thinking. 10 I know that was one of their findings as an 11 introduction. 12 Q. So does Cardinal believe the intent 13 behind the Controlled Substances Act is to try to 14 protect the American people from the illicit 15 distribution of controlled substances; yes or no? 16 MS. MAINIGI: Objection; form. 17 Objection; scope. 18 A. Can you ask the question again? I'm 19 sorry. 20 Q. Sure. Does Cardinal believe that the 21 Controlled Substances Act -- let me try that 22 again. 23 Does Cardinal believe that the 24 Controlled Substances Act is to protect the</p>	<p style="text-align: right;">Page 80</p> <p>1 American public? 2 MS. MAINIGI: Objection; scope. 3 Objection; form. 4 A. I agree that that is what this language 5 says. 6 Q. That that's what the Congress found in 7 the subcommittee, correct? 8 MS. MAINIGI: Objection; form. 9 Objection; scope. 10 A. Because I'm not really familiar with 11 this document, if this is what -- 12 Q. Well, I didn't alter it, I promise. 13 A. No, I understand that. I just want to 14 make sure we're talking about the same thing. If 15 that is what this document says and if you're 16 telling me that's what this document is, that is 17 what this document says. 18 Q. And, therefore, Congress made a finding 19 in the subcommittee that as of 2001, OxyContin is 20 providing a dilemma for the American public -- or 21 the abuse of OxyContin is, correct? 22 MS. MAINIGI: Objection; form. 23 Objection; scope. 24 A. That is what the document says, yes.</p>
<p style="text-align: right;">Page 79</p> <p>1 American people from the illicit distribution of 2 controlled substances; yes or no? 3 MS. MAINIGI: Objection; form. 4 Objection; scope. 5 A. I can't opine in my personal capacity on 6 what Cardinal believes. Cardinal understands its 7 obligations under the statute, regs, and the 8 guidance from the DEA. 9 Q. Okay. Fair enough. Let's go to that 10 Exhibit 8 now. If you'll turn to page 6 of that 11 document. On page 6, this is the introductory 12 statement by the chairman of the Subcommittee on 13 Oversight and Investigations, James Greenwood from 14 Pennsylvania. 15 Can you read that highlighted section 16 there that starts with "The use and the abuse." 17 A. "The use and the abuse of OxyContin 18 provides quite a dilemma for us in Congress and 19 for the American public. For some, OxyContin is 20 the angel of mercy. For others, it is the angel 21 of death." 22 Q. Do you recognize by this time in 2001, 23 that Congress has found that the use and abuse of 24 OxyContin has created quite a dilemma for the</p>	<p style="text-align: right;">Page 81</p> <p>1 Q. Okay. And if you go down to the next 2 paragraph that starts off "Today." 3 It says, "Today, we will hear from law 4 enforcement officials who argue that OxyContin has 5 quickly become the abuser's drug of choice 6 surpassing heroin and cocaine in some 7 jurisdictions." 8 Does Cardinal recognize that even again 9 back in 2001, that there's concern by law 10 enforcement of OxyContin becoming the abuser's 11 drug of choice? 12 MS. MAINIGI: Objection; scope. 13 A. That is what this language says. 14 Q. And you have no reason to disagree with 15 this language, do you? 16 MS. MAINIGI: Objection; scope. 17 A. In my personal capacity, I don't if this 18 is what Congress had on the record. 19 Q. And during 2001, Cardinal Health was 20 distributing OxyContin, correct? 21 A. Yes. 22 Q. If you turn to page 8. Let me know when 23 you get there. 24 There's the rocket ship again.</p>



<p style="text-align: right;">Page 82</p> <p>1 A. Okay.</p> <p>2 Q. You see where it reads "These actions,</p> <p>3 though commendable, also appear long overdue.</p> <p>4 According to the DEA, the number of OxyContin --</p> <p>5 excuse me -- oxycodone-related deaths has</p> <p>6 increased nearly 400 percent since 1996, the same</p> <p>7 period -- excuse me -- the same time period in</p> <p>8 which the annual number of prescriptions for</p> <p>9 OxyContin has risen from approximately 300,000 to</p> <p>10 almost 6 million."</p> <p>11 Did I read that correctly?</p> <p>12 A. I believe so.</p> <p>13 Q. And is Cardinal aware that deaths were</p> <p>14 increasing from oxycodone overdoses during this</p> <p>15 time frame?</p> <p>16 MS. MAINIGI: Objection; scope. I'm</p> <p>17 also going to interpose my one time, but have it</p> <p>18 be continuing -- a time period objection</p> <p>19 consistent with Discovery Rulings 2 and 3 of the</p> <p>20 Special Master, which -- our reading of which</p> <p>21 allows you to question on the time period 2006</p> <p>22 forward with the exception of the suspicious order</p> <p>23 reports aspect of those rulings.</p> <p>24 So I will just interpose a continuing</p>	<p style="text-align: right;">Page 84</p> <p>1 customers and where it is delivering</p> <p>2 pharmaceuticals to.</p> <p>3 (Reporter clarification.)</p> <p>4 A. Cardinal Health understands who its</p> <p>5 customers are and where it's delivering to.</p> <p>6 Q. And Cardinal Health would also stay</p> <p>7 abreast of what's going on in those communities</p> <p>8 that it's delivering to; is that fair?</p> <p>9 MS. MAINIGI: Objection; scope, as well</p> <p>10 as time period.</p> <p>11 A. Again, I wasn't at the company at this</p> <p>12 time. I don't -- I don't know.</p> <p>13 Q. You would expect Cardinal Health would</p> <p>14 be aware if drugs that it was distributing were</p> <p>15 causing an increasing number of deaths in the</p> <p>16 communities to which it distributed; is that fair?</p> <p>17 MS. MAINIGI: Objection; scope, form.</p> <p>18 A. I can't say.</p> <p>19 Q. Should Cardinal be aware if oxycodone</p> <p>20 that it's distributing is causing nearly a</p> <p>21 400 percent increase in deaths across this</p> <p>22 country?</p> <p>23 MS. MAINIGI: Objection; scope, form,</p> <p>24 and time period.</p>
<p style="text-align: right;">Page 83</p> <p>1 objection for any questions you ask that may</p> <p>2 relate to time periods earlier than 2006. She'll</p> <p>3 answer all of your questions and we'll deal with</p> <p>4 it later.</p> <p>5 MR. FULLER: That's fair enough.</p> <p>6 A. I'm sorry. Could you repeat the</p> <p>7 question?</p> <p>8 Q. And Cardinal was aware that during this</p> <p>9 time frame that deaths were increasing from</p> <p>10 OxyContin overdoses -- or excuse me -- oxycodone.</p> <p>11 No, it's OxyContin. No, it's not. Back up.</p> <p>12 Sorry.</p> <p>13 Cardinal is aware that during this time,</p> <p>14 oxycodone overdoses were rapidly increasing,</p> <p>15 correct?</p> <p>16 MS. MAINIGI: Objection; scope.</p> <p>17 A. I can't speak as to what Cardinal Health</p> <p>18 was aware of at this time. I didn't work there.</p> <p>19 Q. Sure. And I get that. But one of the</p> <p>20 things that Cardinal did was stay informed as to</p> <p>21 what was going on in the world, the communities it</p> <p>22 delivered to, correct?</p> <p>23 MS. MAINIGI: Objection; scope.</p> <p>24 A. Cardinal Health understands its</p>	<p style="text-align: right;">Page 85</p> <p>1 A. Cardinal Health -- Cardinal Health isn't</p> <p>2 aware of deaths related to products it</p> <p>3 distributes.</p> <p>4 Q. So Cardinal Health doesn't have any</p> <p>5 information as to whether products it distributed</p> <p>6 caused or contributed to anyone's demise?</p> <p>7 MS. MAINIGI: Objection; scope.</p> <p>8 A. I think, as we talked about earlier,</p> <p>9 Cardinal Health distributes to licensed pharmacies</p> <p>10 who dispense pursuant to prescriptions by licensed</p> <p>11 physicians that then go to users. Cardinal Health</p> <p>12 is not aware of any deaths related to the</p> <p>13 pharmaceuticals that it has distributed.</p> <p>14 Q. Are you sure?</p> <p>15 MS. MAINIGI: Objection; form.</p> <p>16 Objection; scope.</p> <p>17 A. I am.</p> <p>18 Q. Give her just a second to --</p> <p>19 A. I'm sorry.</p> <p>20 Q. That's all right.</p> <p>21 Is Cardinal aware that OxyContin -- or</p> <p>22 excuse me -- oxycodone that's distributed by it or</p> <p>23 others has contributed to increased deaths in this</p> <p>24 country?</p>



<p style="text-align: right;">Page 86</p> <p>1 MS. MAINIGI: Objection; form.</p> <p>2 Objection; scope.</p> <p>3 A. It is not.</p> <p>4 Q. So oxycodone, how does it get to the</p> <p>5 pharmacies?</p> <p>6 MS. MAINIGI: Objection; scope.</p> <p>7 A. Cardinal Health distributes oxycodone,</p> <p>8 as well as many other pharmaceuticals, to licensed</p> <p>9 pharmacies.</p> <p>10 Q. And there are others out there that</p> <p>11 distribute oxycodone and OxyContin as well,</p> <p>12 correct? AmerisourceBergen.</p> <p>13 A. Other distributors?</p> <p>14 Q. Yes, ma'am.</p> <p>15 A. Yes.</p> <p>16 Q. We don't have Joe making oxycodone in</p> <p>17 his trailer up in the foothills of West Virginia,</p> <p>18 do we?</p> <p>19 MS. MAINIGI: Objection; form.</p> <p>20 Objection; scope.</p> <p>21 A. Not to my knowledge.</p> <p>22 Q. To your knowledge, no one is out there</p> <p>23 in their homes or farmhouses manufacturing</p> <p>24 OxyContin, correct?</p>	<p style="text-align: right;">Page 88</p> <p>1 A. The distributor -- I know you're not</p> <p>2 going to want to hear -- the distributor</p> <p>3 distributes to a licensed pharmacy who dispenses</p> <p>4 pursuant to a prescription from a licensed</p> <p>5 physician.</p> <p>6 Q. Yes, ma'am. And I'll ask you again.</p> <p>7 Just listen to my question and answer the question</p> <p>8 I'm asking.</p> <p>9 A. I hear your question. Yes.</p> <p>10 Q. Well, and I'm hearing your answer, but</p> <p>11 my problem is you're not answering the question</p> <p>12 I'm asking. Okay? So let me try it one more</p> <p>13 time.</p> <p>14 In order for the people out there that</p> <p>15 are getting these oxycodone pills that are causing</p> <p>16 these overdoses, those pills have to come through</p> <p>17 a wholesale distributor; is that correct or</p> <p>18 incorrect?</p> <p>19 MS. MAINIGI: Objection; asked and</p> <p>20 answered multiple times. Objection; scope.</p> <p>21 Mike, you may not like her answer, but</p> <p>22 she has, in fact, answered your question multiple</p> <p>23 times. I'll ask her to answer it again.</p> <p>24 Q. It's a yes or no question.</p>
<p style="text-align: right;">Page 87</p> <p>1 MS. MAINIGI: Objection; form.</p> <p>2 Objection; scope.</p> <p>3 A. Not to my knowledge.</p> <p>4 Q. So the only way these people are getting</p> <p>5 oxycodone that they're overdosing from is when we</p> <p>6 go up the chain from a manufacturer that has</p> <p>7 distributed or sold to a wholesale distributor who</p> <p>8 has sold to a pharmacy, correct?</p> <p>9 MS. MAINIGI: Objection; form.</p> <p>10 Objection; scope.</p> <p>11 A. Cardinal Health has distributed the</p> <p>12 pharmaceuticals to a licensed pharmacy for</p> <p>13 dispensing pursuant to a licensed -- prescription</p> <p>14 from a licensed physician.</p> <p>15 Q. Yes, ma'am. I understand that. You've</p> <p>16 told me that several times, but that's not my</p> <p>17 question. So listen to my question, and we'll</p> <p>18 move through this.</p> <p>19 In order for the people out there to get</p> <p>20 these oxycodone pills that they're overdosing on,</p> <p>21 it had to have come through a wholesale</p> <p>22 distributor; correct or incorrect?</p> <p>23 MS. MAINIGI: Objection; form.</p> <p>24 Objection; scope.</p>	<p style="text-align: right;">Page 89</p> <p>1 Did those pills have to come through a</p> <p>2 wholesale distributor?</p> <p>3 MS. MAINIGI: Objection; asked and</p> <p>4 answered. Objection; scope.</p> <p>5 A. Cardinal Health distributes to a</p> <p>6 licensed pharmacy who dispenses prescriptions from</p> <p>7 a licensed physician.</p> <p>8 Q. Again, that's not my question. I'm</p> <p>9 asking you if Cardinal knows whether these pills</p> <p>10 that are causing overdoses have to come through a</p> <p>11 licensed wholesale distributor before they get to</p> <p>12 the person who is overdosing? That's all I'm</p> <p>13 asking.</p> <p>14 I understand that you guys distribute to</p> <p>15 licensed pharmacies. You've made that abundantly</p> <p>16 clear.</p> <p>17 You would agree with me, would you not,</p> <p>18 that those pills have to come through a wholesale</p> <p>19 distributor before they get to the person that is</p> <p>20 ultimately overdosing on them, correct?</p> <p>21 MS. MAINIGI: Objection; form. Asked</p> <p>22 and answered multiple times. Objection; scope.</p> <p>23 Answer it one more time.</p> <p>24 Q. I'll just be happy if you answer my</p>

<p style="text-align: right;">Page 90</p> <p>1 question once.</p> <p>2 A. The pharmaceuticals move through the</p> <p>3 closed distribution system, from a wholesaler to a</p> <p>4 licensed pharmacy, dispensed from a licensed</p> <p>5 prescriber.</p> <p>6 Q. So they have to go through a licensed</p> <p>7 wholesale distributor before getting to the end</p> <p>8 user or the person overdosing, correct?</p> <p>9 MS. MAINIGI: Objection; asked and</p> <p>10 answered. Objection; form.</p> <p>11 Mike, why don't we -- she's answered it</p> <p>12 multiple times. You don't like her answer. Why</p> <p>13 don't you just move on?</p> <p>14 MR. FULLER: I just want her to answer</p> <p>15 the question I asked.</p> <p>16 MS. MAINIGI: She's answered it multiple</p> <p>17 times.</p> <p>18 MR. FULLER: No.</p> <p>19 BY MR. FULLER:</p> <p>20 Q. Go ahead, ma'am.</p> <p>21 A. The pharmaceuticals we distribute are</p> <p>22 distributed to a licensed pharmacy for dispensing</p> <p>23 pursuant to a licensed prescription --</p> <p>24 prescription from a licensed physician. Sorry.</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. And the communities that they are</p> <p>2 providing all these pills to, these drugs to,</p> <p>3 correct?</p> <p>4 MS. MAINIGI: Objection; scope and form.</p> <p>5 A. I can't say what Cardinal Health was</p> <p>6 doing at this time. I wasn't there.</p> <p>7 Q. But you did just testify that Cardinal</p> <p>8 did its job in staying informed as to what's going</p> <p>9 on in the communities that it's distributing to</p> <p>10 around the country -- or excuse me. That's my</p> <p>11 question. I'm sorry. I was going to say that</p> <p>12 sounded like a pretty damn good answer.</p> <p>13 MS. MAINIGI: I would stick with that</p> <p>14 one, Mike.</p> <p>15 Q. You testified that "Cardinal Health</p> <p>16 understands customers that it's distributed to."</p> <p>17 When you say "understands customers," what is its</p> <p>18 obligation related to understanding customers, if</p> <p>19 you know?</p> <p>20 A. I think -- I want to be careful about</p> <p>21 the word -- use of the word "obligation." As part</p> <p>22 of Cardinal Health's anti-diversion program, we</p> <p>23 have a "know your customer" component where we</p> <p>24 inquire, ask questions, obtain information from</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. If you go to the next section of this</p> <p>2 page. "In its testimony today, Purdue Pharma will</p> <p>3 argue that the death figures heralded by</p> <p>4 newspapers nationwide are inaccurate and are the</p> <p>5 prime mover of negative hype surrounding</p> <p>6 OxyContin."</p> <p>7 Do you see that?</p> <p>8 A. I see that language.</p> <p>9 Q. And does Cardinal recognize that during</p> <p>10 this time frame, newspapers are reporting these</p> <p>11 death figures from OxyContin overdoses?</p> <p>12 MS. MAINIGI: Objection; form, time</p> <p>13 period, and scope.</p> <p>14 A. I can't say. Again, I didn't work at</p> <p>15 the company and know what newspapers they may or</p> <p>16 may not have read.</p> <p>17 Q. But, again, Cardinal did its job in</p> <p>18 staying informed as to what's going on in the</p> <p>19 communities that it's distributing to around the</p> <p>20 country, correct?</p> <p>21 MS. MAINIGI: Objection; scope and time</p> <p>22 period.</p> <p>23 A. Cardinal Health understands the</p> <p>24 customers that it is distributing to.</p>	<p style="text-align: right;">Page 93</p> <p>1 our customers to get an idea about the general</p> <p>2 area in which they're operating their business.</p> <p>3 Q. And the increase in prescriptions from</p> <p>4 300,000 to almost 6 million from 1996 to 2001, you</p> <p>5 would agree that's a significant increase in the</p> <p>6 prescriptions for OxyContin, correct?</p> <p>7 MS. MAINIGI: Objection; scope.</p> <p>8 A. That's an increase from 300,000 to</p> <p>9 6 million. I don't know how we want to define</p> <p>10 "significant." During that time, the DEA was</p> <p>11 approving and increasing the quotas to allow that</p> <p>12 many prescriptions, so ...</p> <p>13 Q. So it's a 20-time increase over a what,</p> <p>14 a five-year period, four-year -- five-year period?</p> <p>15 Do you not consider that significant?</p> <p>16 MS. MAINIGI: Objection; form.</p> <p>17 Objection; scope.</p> <p>18 A. It depends on the circumstances. Like I</p> <p>19 said, the DEA felt there was legitimate medical</p> <p>20 needs for these prescriptions. They were</p> <p>21 increasing the quotas during this time period.</p> <p>22 Q. Do you have an understanding of how they</p> <p>23 were increasing the quotas and what information</p> <p>24 they were relying on when increasing these quotas?</p>

<p style="text-align: right;">Page 94</p> <p>1 MS. MAINIGI: Objection; scope.  2 Objection; time period.  3 A. I don't know exactly how they increased  4 the quotas. I would be guessing that they rely on  5 a variety of information.  6 Q. Including information provided by the  7 manufacturers and wholesale distributors, correct?  8 MS. MAINIGI: Objection; scope.  9 A. That is likely one of the data points.  10 Q. And this increase -- this 20 times  11 multiple increase in OxyContin prescriptions,  12 those pills all have to flow through the wholesale  13 distributor as you testified, correct?  14 MS. MAINIGI: Objection; form.  15 Objection; scope. Objection; asked and answered.  16 A. I believe I testified that the  17 pharmaceuticals are distributed by -- the pills  18 are distributed by Cardinal Health to a licensed  19 pharmacy for dispensing pursuant to a prescription  20 from a licensed physician.  21 Q. So that means more business for Cardinal  22 Health, correct?  23 MS. MAINIGI: Objection; scope.  24 A. I don't know that Cardinal Health</p>	<p style="text-align: right;">Page 96</p> <p>1 Q. Ma'am, even if it distributed some of  2 them, it would have increased the business; would  3 it not?  4 MS. MAINIGI: Objection; scope.  5 Objection; form. Objection; time period.  6 A. A small portion of the overall  7 pharmaceuticals that Cardinal Health distributes.  8 Q. So is that a yes, it would have  9 increased the business?  10 MS. MAINIGI: Objection; asked and  11 answered. Objection; form and scope, and time  12 period.  13 A. I don't know specifically.  14 MR. FULLER: All right. This is Norris  15 31.  16 ---  17 (Cardinal-Norris Exhibit 9 marked.)  18 ---  19 MR. FULLER: This is going to be  20 Plaintiff's Exhibit Number 9.  21 BY MR. FULLER:  22 Q. Do you see this document, ma'am, what's  23 been marked as Plaintiff's Number 9? It's  24 entitled "Under the Counter: The Diversion and</p>
<p style="text-align: right;">Page 95</p> <p>1 distributed all of these.  2 Q. Well, they may not have distributed all  3 of them, but they probably distributed some of  4 them.  5 Can we agree to that?  6 MS. MAINIGI: Objection; scope.  7 Objection; time period.  8 A. Perhaps as a small percentage of  9 everything else Cardinal Health distributes to its  10 customers.  11 Q. So we can agree that this increase also  12 increased the business at Cardinal Health?  13 MS. MAINIGI: Objection; time period.  14 Objection; scope.  15 Q. Yeah. Let me strike that. Let me ask  16 it a little better.  17 We can agree that this 20-time increase  18 in the number of OxyContin prescriptions also  19 increased the business at Cardinal Health?  20 MS. MAINIGI: Objection; scope.  21 Objection; time period. Objection; form.  22 A. Not necessarily. As I said, I don't  23 know that Cardinal Health distributed all or a  24 significant portion of these.</p>	<p style="text-align: right;">Page 97</p> <p>1 Abuse of Controlled Prescription Drugs in the  2 U.S.," July of 2005?  3 A. I see that's the title of the document.  4 Q. Who does it say it's funded by with an  5 unrestricted grant?  6 A. It says, "Funded by an unrestricted  7 grant from Purdue Pharma LP."  8 Q. And this was a study that was  9 commissioned by this grant by Purdue Pharma. And  10 if you'll turn to page 9. And just let me know  11 when you get there.  12 A. Okay.  13 Q. And on page 9, do you see where it says  14 "The bottom line"?  15 A. I see that.  16 Q. Read that to us, if you would, please,  17 or read it to the jury.  18 A. "The bottom line: Our nation is in the  19 throws of an epidemic of controlled prescription  20 drug abuse and addiction. Today 15.1 million  21 people admit abusing prescription drugs, more than  22 the combined number who admit abusing cocaine,  23 hallucinogens, inhalants, and heroin combined."  24 Sorry. I didn't read the numbers. If</p>

<p style="text-align: right;">Page 98</p> <p>1 you want me to read it --</p> <p>2 Q. No, no, no.</p> <p>3 A. -- again with the numbers, I can.</p> <p>4 Q. That's fine. Thank you.</p> <p>5 Does Cardinal recognize that at this</p> <p>6 time during 2005 that we are in the throws of an</p> <p>7 epidemic of controlled prescription drug abuse?</p> <p>8 MS. MAINIGI: Objection; scope.</p> <p>9 Objection; time period.</p> <p>10 A. Cardinal Health recognizes that there is</p> <p>11 an issue in the country with prescription drug</p> <p>12 abuse. It's not qualified to determine the timing</p> <p>13 of that. That's for the public policymakers, but</p> <p>14 Cardinal Health understands there is a significant</p> <p>15 issue.</p> <p>16 Q. And as it relates to this study, it</p> <p>17 indicates that we're in the throws of it even back</p> <p>18 in 2005, correct?</p> <p>19 MS. MAINIGI: Objection; scope.</p> <p>20 Objection; time period.</p> <p>21 A. That is when this study was -- what this</p> <p>22 study found at the time. Again, Cardinal Health</p> <p>23 isn't making a determination. It's not in the</p> <p>24 position to make the determination, but it is</p>	<p style="text-align: right;">Page 100</p> <p>1 MS. MAINIGI: Objection; form.</p> <p>2 Objection; scope and time period.</p> <p>3 A. That is what the document says, yes.</p> <p>4 Q. And if you scroll on down to the next</p> <p>5 highlighted section. It says, "Children are</p> <p>6 especially at risk. In 2003, 2.3 million teens</p> <p>7 between the ages of 12 and 17 admitted abusing</p> <p>8 prescription drugs in the past year. 83 percent</p> <p>9 of them admitted abusing opioids."</p> <p>10 Do you see that?</p> <p>11 A. I see that language, yes.</p> <p>12 Q. Would you agree if that is true, that</p> <p>13 that is clearly a sign of an epidemic in this</p> <p>14 country?</p> <p>15 MS. MAINIGI: Objection; form, time</p> <p>16 period, and scope.</p> <p>17 A. I agree that it's a finding. I don't</p> <p>18 know what the indicia of an epidemic -- I can't</p> <p>19 say what the indicia of an epidemic are. This is</p> <p>20 a finding that the study made.</p> <p>21 Q. So you can't tell us whether it's an</p> <p>22 epidemic whether 2.3 kids between the ages of 12</p> <p>23 and 17, which, according to this, is 9.3 percent</p> <p>24 of the kids in that age group are abusing</p>
<p style="text-align: right;">Page 99</p> <p>1 aware of it.</p> <p>2 Q. And at this time, at least according to</p> <p>3 the findings in the study -- which you have no</p> <p>4 reason to disagree with, correct?</p> <p>5 MS. MAINIGI: Objection; form.</p> <p>6 Objection; scope. Objection; time period.</p> <p>7 A. I haven't read the whole study, so I</p> <p>8 can't say whether --</p> <p>9 Q. Sure.</p> <p>10 A. -- I agree or disagree.</p> <p>11 Q. But, again, sitting here today, you have</p> <p>12 no basis to disagree with it. I understand you</p> <p>13 haven't read it. I'm not asking you to read it.</p> <p>14 A. I can't say I agree or --</p> <p>15 MS. MAINIGI: Hang on. Objection; form,</p> <p>16 Objection; scope. Objection; time period.</p> <p>17 Go ahead.</p> <p>18 A. I can't say whether I agree or disagree</p> <p>19 with the study. It's a relatively voluminous</p> <p>20 document that I have never seen before.</p> <p>21 Q. Sure. And it finds that today</p> <p>22 15.1 million people admit to prescription drug</p> <p>23 abuse, more than cocaine, hallucinogens,</p> <p>24 inhalants, and heroin combined, right?</p>	<p style="text-align: right;">Page 101</p> <p>1 prescription pain drugs, and you can't tell us</p> <p>2 whether that's an epidemic --</p> <p>3 MS. MAINIGI: Objection.</p> <p>4 Q. -- an issue, a crisis?</p> <p>5 MS. MAINIGI: Excuse me. Objection;</p> <p>6 form, scope, and time period.</p> <p>7 A. Well, now you've introduced new words.</p> <p>8 It's certainly an issue. Again, I'm not -- I'm</p> <p>9 not qualified to opine on what constitutes an</p> <p>10 epidemic.</p> <p>11 Q. You certainly agree it's a bad issue?</p> <p>12 Would you agree with that?</p> <p>13 MS. MAINIGI: Objection; form, scope,</p> <p>14 and time period.</p> <p>15 A. It's an issue to be concerned about.</p> <p>16 Q. It's not something that we want</p> <p>17 happening in this country?</p> <p>18 MS. MAINIGI: Objection; form, scope,</p> <p>19 and time period.</p> <p>20 A. It's not something I would want</p> <p>21 happening in this country.</p> <p>22 Q. Or anywhere else, for that matter,</p> <p>23 correct?</p> <p>24 MS. MAINIGI: Objection; form, scope,</p>



<p style="text-align: right;">Page 102</p> <p>1 and time period.</p> <p>2 A. No, I wouldn't want this to happen.</p> <p>3 ---</p> <p>4 (Cardinal-Norris Exhibit 10 marked.)</p> <p>5 ---</p> <p>6 Q. Okay. Ma'am, I think you have in front</p> <p>7 of you what for the record is Norris 12 and has</p> <p>8 been marked for this deposition Plaintiff's</p> <p>9 Exhibit Number 10; is that correct? It's the</p> <p>10 sticker number 10 on the bottom.</p> <p>11 A. It is.</p> <p>12 Q. All right. And do you know who Glenn</p> <p>13 Fine is?</p> <p>14 A. I don't, other than the document says</p> <p>15 Inspector General.</p> <p>16 Q. Inspector General. Well, I assure you</p> <p>17 that I didn't make that up.</p> <p>18 Okay. And do you see the subject? Read</p> <p>19 the subject to us, if you would, please.</p> <p>20 A. The subject is, "Review of the Drug</p> <p>21 Enforcement Administration's Investigations of the</p> <p>22 Diversion of Controlled Pharmaceuticals, Report</p> <p>23 number I-2002-010."</p> <p>24 Q. And I'll represent to you that this is a</p>	<p style="text-align: right;">Page 104</p> <p>1 investigator positions in fiscal year 2001. The</p> <p>2 authorized diversion investigator positions were</p> <p>3 assigned as follows: 55 at headquarters, 455 at</p> <p>4 domestic field offices, and the remaining 13 at</p> <p>5 overseas offices."</p> <p>6 Q. So that puts somewhere about 510 DEA</p> <p>7 investigators keeping oversight of the controlled</p> <p>8 substances in this country, correct?</p> <p>9 MS. MAINIGI: Objection; time period,</p> <p>10 scope, form.</p> <p>11 A. There were 500 and so in the</p> <p>12 authorized --</p> <p>13 Q. Well, I'm just doing --</p> <p>14 A. -- diversion investigator positions.</p> <p>15 Q. Yeah. I'm doing 55 plus 455 I think is</p> <p>16 510, right?</p> <p>17 A. Sorry.</p> <p>18 MS. MAINIGI: Objection; form.</p> <p>19 A. And then plus 13.</p> <p>20 Q. Yeah, those are overseas.</p> <p>21 A. Yeah. Okay.</p> <p>22 Q. So we can agree that in -- at least</p> <p>23 according to this, the Inspector General report</p> <p>24 done in 2012 -- excuse me -- 2002, approximately</p>
<p style="text-align: right;">Page 103</p> <p>1 report that came out September of 2002. Cardinal</p> <p>2 also recognizes that it's the DEA which regulates</p> <p>3 wholesale distributors; is that correct?</p> <p>4 A. Among other bodies, yes.</p> <p>5 Q. Maybe some state entities and others out</p> <p>6 there, but as far as the federal government, one</p> <p>7 of the main ones is the DEA?</p> <p>8 A. Yes.</p> <p>9 Q. Is it the DEA that generally</p> <p>10 investigates and deals with diversion of</p> <p>11 controlled substances?</p> <p>12 A. I believe so.</p> <p>13 Q. If you'll turn to page 12. When you get</p> <p>14 there, let me know when you're ready.</p> <p>15 A. Okay. Just a second.</p> <p>16 Q. Yes, ma'am.</p> <p>17 A. Okay.</p> <p>18 Q. If you turn to page 12. Do you see the</p> <p>19 highlighted section there?</p> <p>20 A. I do.</p> <p>21 Q. If you'll read that aloud for us,</p> <p>22 please.</p> <p>23 A. "Diversion investigators represented</p> <p>24 10 percent, or 523, of the DEA's 5,124 authorized</p>	<p style="text-align: right;">Page 105</p> <p>1 510 DEA investigators related to diversion of</p> <p>2 controlled substances in this country; is that</p> <p>3 right?</p> <p>4 MS. MAINIGI: Objection; form, scope,</p> <p>5 time period.</p> <p>6 A. I believe that's what this says.</p> <p>7 ---</p> <p>8 (Cardinal-Norris Exhibit 11 marked.)</p> <p>9 ---</p> <p>10 Q. Now, let's continue to the next</p> <p>11 document. The next document is going to be</p> <p>12 Plaintiff's Norris 13, which is going to be</p> <p>13 Exhibit 11 to this deposition.</p> <p>14 Now, I'll represent to you that</p> <p>15 Plaintiff's 11 is part of a bigger Congressional</p> <p>16 record. It's about 900 pages. I decided not to</p> <p>17 print all 900 pages for you.</p> <p>18 A. I and our environment appreciate that.</p> <p>19 Q. You are welcome. You are welcome.</p> <p>20 This is a report done by the Honorable</p> <p>21 Rudolph Giuliani before the U.S. Senate Permanent</p> <p>22 Subcommittee on Investigations.</p> <p>23 Do you see that?</p> <p>24 A. I do.</p>



<p style="text-align: right;">Page 106</p> <p>1 Q. And it's dated June 17th of 2004.</p> <p>2 A. That is the date on the front.</p> <p>3 Q. What is the title of this report?</p> <p>4 A. Buy --</p> <p>5 Q. I'm sorry. Go ahead.</p> <p>6 A. "Buyers Beware: The Dangers of</p> <p>7 Purchasing Pharmaceuticals Over the Internet."</p> <p>8 Q. Now, you're aware that during this time</p> <p>9 frame, that there was a concern about Internet</p> <p>10 pharmacies; is that right?</p> <p>11 MS. MAINIGI: Objection; form, time</p> <p>12 period.</p> <p>13 A. I am aware that Internet pharmacies</p> <p>14 generally during this time period were on folks'</p> <p>15 minds, yes.</p> <p>16 Q. And it was an issue of concern, because</p> <p>17 in 2008, Cardinal paid a \$34 million fine related</p> <p>18 to Internet pharmacies and the distributions</p> <p>19 thereto, correct?</p> <p>20 MS. MAINIGI: Objection; form, scope.</p> <p>21 A. I believe it was an issue of concern</p> <p>22 because we had communications with the DEA as far</p> <p>23 back as, I believe, 2005 regarding Internet</p> <p>24 pharmacies.</p>	<p style="text-align: right;">Page 108</p> <p>1 hired by PhRMA to look into this issue of Canadian</p> <p>2 and foreign medicines, right?</p> <p>3 MS. MAINIGI: Objection; form and</p> <p>4 time -- or excuse me. Objection; scope and time</p> <p>5 period.</p> <p>6 A. I believe that's what the language says.</p> <p>7 Q. And if you'll turn to -- now to page 4.</p> <p>8 A. Can you give me just a second, please?</p> <p>9 Q. Sure. I'm sorry. I apologize.</p> <p>10 A. That's okay. Okay.</p> <p>11 Q. Ma'am, on page 4, read that first</p> <p>12 highlighted sentence for us, please.</p> <p>13 A. "On its face, it appears that the</p> <p>14 distribution chain for prescription medicines in</p> <p>15 the United States is fairly straightforward.</p> <p>16 Manufacturers sell their products to wholesalers</p> <p>17 who in turn sell the products to retail pharmacies</p> <p>18 or stores who in turn dispense medicines to</p> <p>19 patients with prescriptions."</p> <p>20 Q. Okay.</p> <p>21 A. "It is not until the" --</p> <p>22 Q. Hold on. Just the first sentence.</p> <p>23 That's all I asked.</p> <p>24 A. Oh, I'm sorry.</p>
<p style="text-align: right;">Page 107</p> <p>1 Q. And then in 2008, Cardinal entered a</p> <p>2 Memorandum of Agreement with the DEA related to</p> <p>3 distributions pertaining to Internet pharmacies;</p> <p>4 is that correct or incorrect?</p> <p>5 A. Cardinal entered into a Memorandum of</p> <p>6 Agreement in 2008 in which it made no admissions.</p> <p>7 Q. It made no admissions, but the basis of</p> <p>8 the allegations were related to distributions</p> <p>9 related to Internet pharmacies; is that correct or</p> <p>10 incorrect, ma'am?</p> <p>11 A. It is correct that the allegations</p> <p>12 related to Internet pharmacies.</p> <p>13 Q. Okay. And we'll get into more of those</p> <p>14 later, but that's fine.</p> <p>15 If you'll turn to page 2. It says,</p> <p>16 "Giuliani Partners LLC has been retained by the</p> <p>17 Pharmaceutical Research and Manufacturers of</p> <p>18 America (PhRMA) to evaluate the risks, if any,</p> <p>19 associated with the importation of Canadian and</p> <p>20 foreign medicines."</p> <p>21 Do you see that there?</p> <p>22 A. I see that language.</p> <p>23 Q. And that's telling us, is it not, that</p> <p>24 the Giuliani group, for lack of a better term, was</p>	<p style="text-align: right;">Page 109</p> <p>1 Q. And you would agree with us -- or agree</p> <p>2 with the statement that on its face, it's a pretty</p> <p>3 simplistic system; manufacturers to wholesalers,</p> <p>4 then to retail pharmacies or drugstores, correct?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 A. I would say that is the system. Not</p> <p>7 even on its face, but yes.</p> <p>8 Q. And I was saying it was pretty</p> <p>9 simplistic on its face, correct?</p> <p>10 MS. MAINIGI: Objection; scope.</p> <p>11 A. I think it's -- it is simplistic.</p> <p>12 It's -- that's the --</p> <p>13 Q. Fair enough.</p> <p>14 Then the report goes on to say, "It is</p> <p>15 not until the system is studied in greater detail</p> <p>16 that one begins to appreciate both the</p> <p>17 complexities and the vulnerability of the</p> <p>18 distribution chain and the potential for</p> <p>19 exploitation or abuse."</p> <p>20 Correct?</p> <p>21 MS. MAINIGI: Objection.</p> <p>22 Are you asking her if she agrees or</p> <p>23 whether that's what it says?</p> <p>24 MR. FULLER: Yes, ma'am. I'm asking her</p>

<p style="text-align: right;">Page 110</p> <p>1 if that's what it says first.</p> <p>2 A. That is what the sentence says, yes.</p> <p>3 Q. And do you agree that the chain is</p> <p>4 subject to potential exploitation and abuse?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 A. Not necessarily.</p> <p>7 Q. Has Cardinal been fined in the past for</p> <p>8 potentially exploiting or abusing this closed</p> <p>9 system distribution?</p> <p>10 MS. MAINIGI: Objection; form.</p> <p>11 A. Are you referring to the 2005 settlement</p> <p>12 with New York?</p> <p>13 Q. I'm referring to the 2005 settlement</p> <p>14 with New York, the 2008 settlement with the</p> <p>15 Department of Justice, the 2012 settlement with</p> <p>16 the Department of Justice where they admitted</p> <p>17 violations, and the 2016 admission with the State</p> <p>18 of New York related to additional violations.</p> <p>19 A. I'm not --</p> <p>20 MS. MAINIGI: Question?</p> <p>21 Q. Yes, ma'am. You can go ahead.</p> <p>22 MS. MAINIGI: Is there a question</p> <p>23 pending?</p> <p>24 MR. FULLER: Yeah. She asked me what I</p>	<p style="text-align: right;">Page 112</p> <p>1 Q. So Cardinal has -- so Cardinal agrees</p> <p>2 that it has had allegations as well as admitted</p> <p>3 violations related to this vulnerable chain of</p> <p>4 distribution related to controlled substances;</p> <p>5 correct?</p> <p>6 MS. MAINIGI: Objection; form.</p> <p>7 Objection; scope.</p> <p>8 A. Cardinal Health agrees that it made</p> <p>9 payments related to allegations and made a</p> <p>10 settlement payment with regard to specific</p> <p>11 admissions.</p> <p>12 Q. So it made a \$34 million payment related</p> <p>13 to allegations in 2008; is that correct?</p> <p>14 A. It made a \$34 million payment as a</p> <p>15 settlement with the DEA.</p> <p>16 Q. It also made a \$34 million payment</p> <p>17 related to not just allegations but admissions in</p> <p>18 2012, correct?</p> <p>19 A. Cardinal Health made a \$34 million</p> <p>20 payment in 2012 pursuant to a settlement agreement</p> <p>21 in which it made very limited admissions.</p> <p>22 Q. And then in 2016, Cardinal made another</p> <p>23 admission of liability and paid another</p> <p>24 \$10 million to New York, is that correct, for</p>
<p style="text-align: right;">Page 111</p> <p>1 was referring to. I explained what I was</p> <p>2 referring to. And she can answer the question</p> <p>3 that is still pending.</p> <p>4 MS. MAINIGI: Could we have that read</p> <p>5 back, please?</p> <p>6 (Record read back as follows:</p> <p>7 "Question: Has Cardinal been</p> <p>8 fined in the past for potentially</p> <p>9 exploiting or abusing this closed</p> <p>10 system distribution?")</p> <p>11 MS. MAINIGI: Objection; form.</p> <p>12 Objection; scope.</p> <p>13 A. I don't agree with the term</p> <p>14 "exploiting." Cardinal Health has paid fines in</p> <p>15 the past related to particular settlements.</p> <p>16 Q. For settlements for allegations as well</p> <p>17 as admitted violations of these laws related to</p> <p>18 this distribution chain; is that accurate?</p> <p>19 MS. MAINIGI: Objection; form.</p> <p>20 Objection; scope.</p> <p>21 A. We made settlement payments pursuant to</p> <p>22 a settlement agreement with no admissions. We</p> <p>23 made a very limited admission and made a</p> <p>24 settlement payment.</p>	<p style="text-align: right;">Page 113</p> <p>1 similar type of allegations?</p> <p>2 MS. MAINIGI: Objection; form.</p> <p>3 A. Let me clarify because I just misspoke.</p> <p>4 In 2012, no payment was made. In 2016,</p> <p>5 34 million -- a total of \$44 million was paid in</p> <p>6 connection with a very limited settlement and very</p> <p>7 limited admissions contained therein.</p> <p>8 Q. Okay. So, again, just to clean it up,</p> <p>9 Cardinal's admitted violations as well as paid</p> <p>10 fines for allegations related to the -- related to</p> <p>11 allegations that -- well, strike that. Let me do</p> <p>12 it a little easier.</p> <p>13 Cardinal has paid fines related to</p> <p>14 simply allegations of violations to the Controlled</p> <p>15 Substances Act and distribution of controlled</p> <p>16 substances, correct?</p> <p>17 A. No. Cardinal Health paid fines as part</p> <p>18 of a settlement agreement in which it made no</p> <p>19 admissions.</p> <p>20 Q. But those settlement agreements were</p> <p>21 related to allegations of violations of the</p> <p>22 Controlled Substances Act; yes or no?</p> <p>23 MS. MAINIGI: Objection; form.</p> <p>24 A. There were allegations made. Cardinal</p>

<p style="text-align: right;">Page 114</p> <p>1 Health made no admissions.  2 Q. What were those allegations?  3 MS. MAINIGI: Objection; form.  4 Do you have the agreement so she can  5 look at it?  6 A. In order to be clear, it would be  7 helpful to have the document so we can go through  8 the specific allegations, if that's what we want  9 to do.  10 Q. No, ma'am. I just want a general idea.  11 Do you know any of the allegations?  12 MS. MAINIGI: Objection; form.  13 Q. Did it have to do with the distribution  14 of controlled substances?  15 MS. MAINIGI: Objection; form.  16 A. I believe it had to do with the  17 distribution of controlled substances to certain  18 customers. But, again, without the document in  19 front of me, I am not going to go into the  20 particulars. I want to ensure that I am accurate  21 for the record.  22 Q. And Cardinal also admitted to violations  23 of the Controlled Substances Act and as it relates  24 to this distribution of controlled substances,</p>	<p style="text-align: right;">Page 116</p> <p>1 MR. FULLER: Hey, did you change out my  2 strips?  3 THE COURT REPORTER: I added more.  4 You're on 12.  5 MR. FULLER: Oh, am I? Okay.  6 MS. MAINIGI: Did you get like a speaker  7 over there?  8 MR. FULLER: Yeah, I don't know what it  9 is, but I hear myself talking, and it's weird.  10 MS. MAINIGI: I agree.  11 MS. VELDMAN: Do you want him to lower  12 that?  13 THE VIDEOGRAPHER: I did. It should be  14 better now.  15 MR. FULLER: How about now? Better?  16 MS. MAINIGI: (Indicates affirmatively.)  17 - - -  18 (Cardinal-Norris Exhibit 12 marked.)  19 - - -  20 MR. FULLER: This is Norris 8, it's  21 going to be Plaintiff's Exhibit Number 12.  22 BY MR. FULLER:  23 Q. And, ma'am, have you seen this case  24 before?</p>
<p style="text-align: right;">Page 115</p> <p>1 correct?  2 MS. MAINIGI: Objection; form and scope.  3 A. Again, in the 2016 settlement  4 agreement -- and, again, without having it in  5 front of me and being very clear about the  6 particulars -- there was a settlement made and  7 admission related to certain discrete issues.  8 Q. And let's just make sure the record is  9 clear -- and we'll get it out later.  10 But the Memorandum of Understanding  11 entered and signed off on in 2012 actually  12 contains those admissions, correct?  13 MS. MAINIGI: Objection; form.  14 Objection; scope.  15 A. Without the documents in front of me --  16 Q. Fair enough.  17 A. I just want to be clear.  18 MR. FULLER: Sure, sure. Let's take  19 another quick break.  20 THE VIDEOGRAPHER: The time is now  21 11:03. Going off the record.  22 (Recess taken.)  23 THE VIDEOGRAPHER: Okay. The time is  24 now 11:22. Back on the record.</p>	<p style="text-align: right;">Page 117</p> <p>1 A. I have.  2 Q. And what case is it?  3 A. Masters Pharmaceutical, Inc. v. DEA.  4 Q. Okay. And you're aware this decision  5 came out in June of last year; is that correct?  6 A. I believe so.  7 Q. And it deals with the Controlled  8 Substances Act and the shipping and reporting  9 requirements; is that correct?  10 A. I believe it mentions the shipping  11 requirement, and the reporting requirement is sort  12 of the central issue.  13 Q. So it discusses both; is that correct?  14 A. It makes reference to both, yes.  15 Q. And if you'll turn to page 7 of the --  16 now, in -- let's back up for a second.  17 You've had an opportunity to read this  18 opinion before today?  19 A. I have.  20 Q. And you're probably aware -- and tell me  21 if you're not -- that the -- some of the other  22 Defendants in this case, AmerisourceBergen and  23 McKesson, have also designated 30(b) witnesses?  24 A. Yes, I am aware.</p>

<p style="text-align: right;">Page 118</p> <p>1 Q. Have you reviewed any of their 2 testimony?</p> <p>3 A. No, I have not.</p> <p>4 Q. Okay. In preparation for this 5 deposition, did you actually read this opinion?</p> <p>6 A. I did.</p> <p>7 Q. Okay. And let me ask you, how much time 8 have you spent preparing for this deposition?</p> <p>9 A. The last three and a half weeks from 10 the -- beginning the -- Monday the 16th, I believe 11 it was, through today.</p> <p>12 Q. And I won't say 24 hours a day. Mainly 13 your working hours of your day have been 14 encompassed by preparing for this 30(b) notice --</p> <p>15 A. Yes.</p> <p>16 Q. -- or the notices, correct?</p> <p>17 A. Yes. I'm sorry.</p> <p>18 Q. Okay. And tell me -- again, other than 19 counsel, who else have you spoken with related to 20 the preparation for this 30(b) notice?</p> <p>21 A. I spoke to a variety of individuals at 22 Cardinal Health. I'll try to remember them all. 23 Michael Mone, Todd Cameron, Gilberto Quintero.</p> <p>24 Q. Hold -- slow down a little bit for me.</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. And what did Todd answer?</p> <p>2 A. Todd answered that upon the decision, he 3 reviewed the decision, reviewed it with counsel, 4 Cardinal Health counsel.</p> <p>5 Q. Internal counsel, or you're not sure?</p> <p>6 A. I'm not positive if it was also outside 7 counsel. We do have internal counsel, so ... and 8 determined that --</p> <p>9 MS. MAINIGI: And one thing I will 10 caution you, Ms. Norris, is to not reveal any 11 privileged information that Mr. -- any privileged 12 exchanges Mr. Cameron may have had with counsel.</p> <p>13 A. And based on those reviews --</p> <p>14 MS. MAINIGI: Perhaps you could phrase 15 it after his communications with counsel, what 16 actions he took.</p> <p>17 A. After Mr. Cameron's review of the case 18 and with counsel, he determined that no changes 19 were needed to our program, that it was in 20 compliance with the decision.</p> <p>21 Q. All right. So let's look at Masters 22 Pharmaceutical. And if you'll turn to page 7 for 23 me.</p> <p>24 A. Yes, I'm there.</p>
<p style="text-align: right;">Page 119</p> <p>1 A. Sorry. Michael Mone.</p> <p>2 Q. Mr. Cameron?</p> <p>3 A. Todd Cameron.</p> <p>4 Q. Roberto?</p> <p>5 A. Gilberto Quintero.</p> <p>6 Q. Yes, ma'am.</p> <p>7 A. Danny Roberts.</p> <p>8 Q. Yes, ma'am.</p> <p>9 A. Linden Barber.</p> <p>10 Q. Yes, ma'am.</p> <p>11 A. Steve Reardon, Sean Callinicos.</p> <p>12 Q. Spell the last name for me.</p> <p>13 A. I believe it is C-a-l-l-i-n-c-o-s [sic] 14 or something to that effect.</p> <p>15 Q. Fair enough. He'll forgive you.</p> <p>16 A. Just one second. Let me try to 17 remember. I believe that's everybody. I believe 18 that's everyone. If I -- if somebody pops into my 19 brain, I will let you know.</p> <p>20 Q. And who did you speak -- other than 21 counsel -- with about the Masters Pharmaceutical 22 case?</p> <p>23 A. Todd Cameron and I -- Todd answered a 24 question regarding it.</p>	<p style="text-align: right;">Page 121</p> <p>1 Q. Okay. And if you will read where it 2 starts, "The security requirement."</p> <p>3 A. "The 'security requirement' at the heart 4 of the case mandates that distributors 'design and 5 operate a system' to identify 'suspicious orders 6 of controlled substances' and report those to DEA 7 (the Reporting Requirement)."</p> <p>8 Q. Does Cardinal Health agree that it has a 9 reporting requirement to identify and report 10 suspicious orders of controlled substances?</p> <p>11 A. Yes.</p> <p>12 Q. And what is Cardinal's position -- 13 strike that.</p> <p>14 And Cardinal agrees that has been the 15 obligation since the enactment of the Controlled 16 Substances Act and particularly this regulation in 17 1971, correct?</p> <p>18 MS. MAINIGI: Objection; scope. 19 Objection; time period.</p> <p>20 A. Cardinal Health understands its 21 reporting obligation pursuant to the Controlled 22 Substances Act.</p> <p>23 Q. No, ma'am. That's not my question. 24 Okay. Let me ask it again.</p>



<p style="text-align: right;">Page 122</p> <p>1 Cardinal agrees that this reporting 2 requirement has been the obligation since the 3 enactment of the regulation that we looked at 4 earlier in 1971 related to suspicious orders, 5 correct?</p> <p>6 MS. MAINIGI: Objection; time period. 7 Objection; scope.</p> <p>8 A. This reporting requirement has existed 9 since 1971 in the statute.</p> <p>10 Q. And the rendition of it that we just 11 read is the obligation that it places on Cardinal, 12 correct?</p> <p>13 MS. MAINIGI: Objection; form.</p> <p>14 A. That is correct, as modified by the DEA 15 guidance we have received over the years, yes.</p> <p>16 Q. Well, now, that's a different 17 qualification now. Okay.</p> <p>18 I believe you've already agreed -- and 19 correct me if I am wrong -- that the reporting 20 requirement requires Cardinal to identify and 21 report suspicious orders of controlled substances; 22 is that accurate?</p> <p>23 A. That is what the regulation requires.</p> <p>24 Q. And that regulation has been in place</p>	<p style="text-align: right;">Page 124</p> <p>1 supply chain and use that information to ferret 2 out potential legal activity."</p> <p>3 MS. MAINIGI: Legally.</p> <p>4 MR. FULLER: I'm sorry. Where did I 5 screw up?</p> <p>6 MS. MAINIGI: You said "legal," not 7 "legally."</p> <p>8 MR. FULLER: Potentially a legal 9 activity. Sorry.</p> <p>10 MS. MAINIGI: "Along the legally 11 regulated supply chain."</p> <p>12 BY MR. FULLER:</p> <p>13 Q. All right. Well, let's try this again. 14 Ms. Norris, the case then reads, "The 15 Reporting Requirement is a relatively modest one. 16 It requires only that a distributor provide basic 17 information about certain orders to the DEA so 18 that DEA investigators in the field can aggregate 19 reports from every point along the legally 20 regulated supply chain and use the information to 21 ferret out potential illegal activity."</p> <p>22 Is that correct?</p> <p>23 A. That is correct.</p> <p>24 Q. And is that Cardinal's understanding of</p>
<p style="text-align: right;">Page 123</p> <p>1 since 1971 and has always required that; is that 2 Cardinal's position?</p> <p>3 MS. MAINIGI: Objection; scope. 4 Objection; time period.</p> <p>5 A. The language of the statute has always 6 required that. The DEA's guidance to us on how to 7 implement that has changed over time.</p> <p>8 Q. And I'm not asking about implementation 9 right now.</p> <p>10 A. Okay.</p> <p>11 Q. So let's separate the two, okay?</p> <p>12 A. Okay.</p> <p>13 Q. As far as the reporting requirement 14 itself, has that been an obligation that's been on 15 Cardinal since the regulation was enacted in 1971 16 with the caveat whenever Cardinal started 17 distributing controlled substances?</p> <p>18 A. Yes. Yes.</p> <p>19 Q. Then it reads, "The Reporting 20 Requirement is a relatively modest one that 21 requires only that a distributor provide the basic 22 information about certain orders to DEA so that 23 DEA investigators in the field can aggregate 24 reports from every point along the legal regulated</p>	<p style="text-align: right;">Page 125</p> <p>1 the law?</p> <p>2 MS. MAINIGI: Objection; scope.</p> <p>3 A. I believe so, yes.</p> <p>4 Q. Okay. And let's break it down. It says 5 that it requires a distributor to provide basic 6 information about certain orders to the DEA. And 7 Cardinal would agree that the basic information is 8 at least to provide the order that's being 9 submitted that qualifies as suspicious, correct?</p> <p>10 MS. MAINIGI: Objection; scope.</p> <p>11 A. Generally, yes.</p> <p>12 Q. Okay. "And this is just a further 13 explanation of the reporting requirement we just 14 talked about; therefore, it applies all the way 15 back to 1971 when the suspicious order regulation 16 was enacted."</p> <p>17 Does Cardinal agree with that?</p> <p>18 MS. MAINIGI: Objection; scope. 19 Objection; time period.</p> <p>20 A. I can't opine on that. This feels like 21 more commentary about what they thought it meant 22 in the case that's then referenced there.</p> <p>23 Q. So does -- I'm sorry. Go ahead.</p> <p>24 A. But the reporting requirement went back</p>



<p style="text-align: right;">Page 126</p> <p>1 to 1971.</p> <p>2 Q. So as it relates to what you've</p> <p>3 qualified as commentary, does Cardinal agree or</p> <p>4 disagree with that, that that is their obligation?</p> <p>5 MS. MAINIGI: Objection; form.</p> <p>6 Objection; scope. Objection; time period.</p> <p>7 A. I believe that that is Cardinal's</p> <p>8 obligation.</p> <p>9 Q. Now, let's go further down. Let's go</p> <p>10 down to the next sentence. "Once a distributor</p> <p>11 has reported a suspicious order, it must make one</p> <p>12 of two choices: Decline to ship the order or</p> <p>13 conduct some due diligence; and if it is able to</p> <p>14 determine that the order is not likely to be</p> <p>15 diverted into legal channels, ship the order," and</p> <p>16 then in parentheses "Shipping requirement."</p> <p>17 Does Cardinal agree that based on this</p> <p>18 case, Masters Pharmaceutical, as of June of last</p> <p>19 year, Cardinal now has a shipping requirement?</p> <p>20 MS. MAINIGI: Objection; scope.</p> <p>21 A. In 2017, did Cardinal Health have a</p> <p>22 shipping requirement?</p> <p>23 Q. Yes, ma'am.</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 128</p> <p>1 A. Yes.</p> <p>2 Q. The other alternative is to conduct due</p> <p>3 diligence, and if it's able to -- or if Cardinal</p> <p>4 is able to determine that the order is not likely</p> <p>5 to be diverted into legal channels, then ship the</p> <p>6 order? Is that Cardinal's understanding?</p> <p>7 A. Correct.</p> <p>8 Q. Prior to the enactment or the rendering</p> <p>9 of this Masters Pharmaceutical opinion, when you</p> <p>10 mentioned there was a shipping requirement</p> <p>11 Cardinal believes it had, how far back did that</p> <p>12 same shipping requirement go?</p> <p>13 A. Back to approximately 2007.</p> <p>14 Q. We're going to baby step this, okay? So</p> <p>15 bear with me.</p> <p>16 A. Okay.</p> <p>17 Q. So from approximately some point in</p> <p>18 2007, Cardinal believes it had the shipping</p> <p>19 requirement that's set out in the Masters</p> <p>20 Pharmaceutical case applicable to them?</p> <p>21 A. Approximately, because obviously I think</p> <p>22 we'll get there. The Dear Registrant letters</p> <p>23 started coming out. So approximately that time</p> <p>24 period.</p>
<p style="text-align: right;">Page 127</p> <p>1 Q. Prior to 2000- -- prior to the rendering</p> <p>2 of the Masters Pharmaceutical case, did Cardinal</p> <p>3 have a shipping requirement?</p> <p>4 A. Yes.</p> <p>5 Q. How far back does Cardinal take the</p> <p>6 position that this shipping -- strike that.</p> <p>7 Prior to 2017 and the rendering of this</p> <p>8 Masters Pharmaceutical opinion, does Cardinal</p> <p>9 believe its shipping requirement was the same as</p> <p>10 outlined here in the Masters Pharmaceutical case?</p> <p>11 A. Generally, yes.</p> <p>12 Q. Okay. So as it relates to -- and we're</p> <p>13 not going to talk necessarily about how far back</p> <p>14 it goes yet.</p> <p>15 So we have an understanding, the</p> <p>16 shipping requirement gives you two choices,</p> <p>17 correct?</p> <p>18 A. As it's laid out here, yes.</p> <p>19 Q. And you agree -- Cardinal agrees with</p> <p>20 that, correct?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. The first choice is you can</p> <p>23 decline the ship? You can cut the order as</p> <p>24 Cardinal uses the phrase, correct?</p>	<p style="text-align: right;">Page 129</p> <p>1 Q. So since 2007 or approximately that time</p> <p>2 period, Cardinal has not shipped suspicious</p> <p>3 orders, correct?</p> <p>4 A. Since 2007, Cardinal Health has not</p> <p>5 shipped an order that it has reported as</p> <p>6 suspicious to the DEA.</p> <p>7 Q. And since 2007, Cardinal has not shipped</p> <p>8 a suspicious order that it hasn't determined --</p> <p>9 that it hasn't done the due diligence on to</p> <p>10 determine it's not going to be diverted, correct?</p> <p>11 MS. MAINIGI: Objection; form.</p> <p>12 A. Since approximately 2007, Cardinal</p> <p>13 Health has not shipped an order it has reported as</p> <p>14 suspicious to the DEA.</p> <p>15 Q. Okay. So how many orders since 2007 --</p> <p>16 how many suspicious orders has Cardinal shipped</p> <p>17 that it failed to report to the DEA --</p> <p>18 MS. MAINIGI: Objection; form.</p> <p>19 Q. -- since 2007?</p> <p>20 A. None to Cardinal Health's knowledge.</p> <p>21 Q. Prior to 2007, was Cardinal shipping</p> <p>22 suspicious orders?</p> <p>23 A. Prior to its understanding from the DEA</p> <p>24 of the obligation, the change, the sea change in</p>

<p style="text-align: right;">Page 130</p> <p>1 the obligation to suddenly -- suddenly maybe is</p> <p>2 the wrong word -- to not --</p> <p>3 Q. I mean, suddenly is good for you.</p> <p>4 A. -- to not ship pursuant to the guidance</p> <p>5 by the DEA, it was a report only period. Cardinal</p> <p>6 Health made the reports as required by the DEA.</p> <p>7 Q. So prior to 2007, Cardinal was shipping</p> <p>8 suspicious orders? Well, strike that. Let me</p> <p>9 back up.</p> <p>10 Prior to this approximate time frame of</p> <p>11 2007, which we have yet to nail down, Cardinal was</p> <p>12 shipping orders that it reported as suspicious?</p> <p>13 A. During the time period prior to 2007,</p> <p>14 Cardinal Health's obligation was to report only.</p> <p>15 Q. Yes, ma'am. I got that. But my</p> <p>16 question is, prior to this approximate 2007 time</p> <p>17 frame, Cardinal was shipping suspicious orders</p> <p>18 after it reported -- well, strike that. Let me</p> <p>19 ask it differently.</p> <p>20 Prior to 2007, do you know whether</p> <p>21 Cardinal was reporting and then shipping</p> <p>22 suspicious orders or shipping suspicious orders</p> <p>23 and then reporting?</p> <p>24 MS. MAINIGI: Objection; form.</p>	<p style="text-align: right;">Page 132</p> <p>1 comply with that required the reporting of</p> <p>2 suspicious orders, correct?</p> <p>3 A. Cardinal understood the language of the</p> <p>4 statute --</p> <p>5 Q. Hold on. Hold on. I'm not --</p> <p>6 MS. MAINIGI: Let her finish. Let her</p> <p>7 finish.</p> <p>8 MR. FULLER: Okay.</p> <p>9 BY MR. FULLER:</p> <p>10 Q. Sorry. Go ahead.</p> <p>11 A. Cardinal Health understood the language</p> <p>12 of the statute and the guidance we received from</p> <p>13 the DEA and was making the reports accordingly.</p> <p>14 Q. So my question is, did Cardinal file</p> <p>15 suspicious order reports prior to approximately</p> <p>16 2007?</p> <p>17 MS. MAINIGI: Objection; form.</p> <p>18 A. I don't know that that's what they were</p> <p>19 calling them at that time. Again, we filed per</p> <p>20 the DEA's guidance ingredient limit reports,</p> <p>21 excessive order reports.</p> <p>22 Q. So prior to 2007 -- so prior to 2007,</p> <p>23 Cardinal was knowingly shipping orders that it</p> <p>24 knew qualified as suspicious under the regulation,</p>
<p style="text-align: right;">Page 131</p> <p>1 Objection; time period.</p> <p>2 Go ahead.</p> <p>3 A. In accordance from the guidance we</p> <p>4 received from the DEA, Cardinal Health was making</p> <p>5 the reports as required by the DEA, the ingredient</p> <p>6 limit reports and the excessive order reports, and</p> <p>7 it was shipping orders in accordance with the</p> <p>8 guidelines from the DEA. If pursuant to one of</p> <p>9 those excessive order reports the DEA said "Do not</p> <p>10 ship," we did not ship.</p> <p>11 Q. You mentioned excessive order reports</p> <p>12 and some other type of reports.</p> <p>13 A. Ingredient limit reports.</p> <p>14 Q. Was Cardinal actually reporting</p> <p>15 suspicious orders prior to this time period in</p> <p>16 2007?</p> <p>17 MS. MAINIGI: Objection; time period.</p> <p>18 Go ahead.</p> <p>19 A. As required by the DEA, we were</p> <p>20 submitting the ingredient limit reports pursuant</p> <p>21 to the guidance we received, as well as the</p> <p>22 excessive order reports.</p> <p>23 Q. But during this time prior to 2007,</p> <p>24 Cardinal knew that it had a rule that it had to</p>	<p style="text-align: right;">Page 133</p> <p>1 correct?</p> <p>2 MS. MAINIGI: Objection; form.</p> <p>3 Objection; time period.</p> <p>4 A. No, not necessarily.</p> <p>5 Q. What you've told us -- and see if I</p> <p>6 understand it correctly.</p> <p>7 You told us that prior to 2007, Cardinal</p> <p>8 only had a reporting requirement according to</p> <p>9 Cardinal, correct?</p> <p>10 A. According to Cardinal and others, yes.</p> <p>11 Q. And, therefore, Cardinal believes it was</p> <p>12 doing what it was supposed to do in reporting</p> <p>13 suspicious orders, but it was still shipping</p> <p>14 suspicious orders, correct?</p> <p>15 A. Cardinal Health was doing what it was</p> <p>16 directed to do by the DEA.</p> <p>17 Q. So I'm just asking, during this time</p> <p>18 frame prior to 2007, did Cardinal report orders as</p> <p>19 potentially suspicious or suspicious orders and</p> <p>20 then still send the shipments out?</p> <p>21 MS. MAINIGI: Objection; time period.</p> <p>22 A. Yes. That is the direction we received</p> <p>23 from the DEA. We made the reports as required,</p> <p>24 and there was not a shipping requirement.</p>

Page 134

1 Q. Now, just so I understand, what is an --  
 2 you said "an excessive order report." What is  
 3 that?  
 4 A. Within the distribution centers, the  
 5 folks that are picking the orders have the ability  
 6 to identify an order of a new rule, size, pattern,  
 7 or frequency, and raise their hand, so to speak,  
 8 to identify that order, and in doing so, during  
 9 this time period, we were submitting those to the  
 10 DEA as excessive order reports.  
 11 Q. Would they be submitted order by order,  
 12 or was it a compilation of things that occurred  
 13 over a period of time?  
 14 A. My understanding is order by order.  
 15 Q. And what's an ingredient limit report?  
 16 A. An ingredient limit report is the report  
 17 that was required pursuant to the 1998 DEA report  
 18 to, I believe, the Attorney General. It included  
 19 the algorithm for certain pharmaceuticals, and we  
 20 on a monthly basis provided the report of the  
 21 customers who had exceeded the designated amount  
 22 that you achieve pursuant to doing the algorithm,  
 23 the math problem.  
 24 Q. And that was done by ingredient,

Page 135

1 correct?  
 2 A. I believe so. I'm not -- I'm actually  
 3 not positive.  
 4 Q. So does Cardinal believe -- well, let's  
 5 try to nail down this time frame in 2007 first,  
 6 okay?  
 7 A. Okay.  
 8 Q. What is its -- what is Cardinal's  
 9 position as to -- strike that.  
 10 Is it Cardinal's position or  
 11 understanding that the initial Rannazzisi letter  
 12 in 2006 informed them of a shipping requirement as  
 13 we've described it?  
 14 A. Yes. That was the first communication  
 15 Cardinal received regarding this sea change of  
 16 adding a shipping requirement to the obligations.  
 17 MS. MAINIGI: Can I just add a  
 18 clarification, because when you see the phrase  
 19 "shipping requirement," it suggests you should  
 20 ship. But by "shipping requirement," you're both  
 21 saying "do not ship;" is that fair?  
 22 MR. FULLER: I think that's fair. Thank  
 23 you.  
 24

Page 136

1 BY MR. FULLER:  
 2 Q. Would you agree with that?  
 3 A. I would agree with that.  
 4 Q. Okay. Now, conversely, when we say  
 5 "reporting requirement," we don't mean not report?  
 6 A. Correct.  
 7 Q. Okay.  
 8 A. We can blame Masters.  
 9 Q. Tell me what Cardinal's position --  
 10 strike that.  
 11 So it's Cardinal's position that the  
 12 first time they were informed of a potential  
 13 shipping requirement was in Rannazzisi's 2006  
 14 letter that was sent to all the distributors in  
 15 the industry?  
 16 A. Yes.  
 17 Q. Cardinal also had meetings with the DEA  
 18 around this time frame as well, correct?  
 19 A. Yes.  
 20 Q. When is the first meeting that Cardinal  
 21 had with the DEA?  
 22 MS. MAINIGI: Objection to form.  
 23 Starting when?  
 24 Q. Any time prior to this that you're aware

Page 137

1 of.  
 2 A. Prior to the receipt of the first  
 3 Rannazzisi letter?  
 4 Q. Yes, ma'am.  
 5 A. I know we had a meeting with the DEA  
 6 regarding Internet pharmacies in 2005, but not  
 7 with -- not the subject of what ultimately came  
 8 out in the Rannazzisi letter.  
 9 Q. Well, then let's backstep that. There  
 10 was actually a meeting with Cardinal and the DEA  
 11 in approximately August of 2005; is that correct?  
 12 A. I believe that's the time frame, yes.  
 13 Q. And this meeting included concerns  
 14 related to the Controlled Substances Act and the  
 15 distribution of controlled substances, correct?  
 16 MS. MAINIGI: Objection; time frame.  
 17 A. I know the meeting -- the topic of the  
 18 meeting was Internet pharmacies. I don't know the  
 19 answer to that question.  
 20 Q. Ma'am, you referenced the meeting. The  
 21 topic was Internet pharmacies, but it also dealt  
 22 with the Controlled Substances Act and  
 23 distribution of controlled substances, correct?  
 24 MS. MAINIGI: Objection; time frame and

<p style="text-align: right;">Page 138</p> <p>1 just continuing objection on --</p> <p>2 MR. FULLER: Sure.</p> <p>3 MS. MAINIGI: -- this 2005 meeting.</p> <p>4 MR. FULLER: Right, right.</p> <p>5 MS. MAINIGI: I won't put that objection</p> <p>6 in again for this.</p> <p>7 MR. FULLER: And "form" is fine. I get</p> <p>8 what you're preserving.</p> <p>9 A. I'm sorry. Repeat the question.</p> <p>10 Q. Sure.</p> <p>11 A. I apologize.</p> <p>12 Q. You referenced the meeting. The topic</p> <p>13 was Internet pharmacies, but it also dealt with</p> <p>14 the Controlled Substances Act and the distribution</p> <p>15 of controlled substances, correct --</p> <p>16 A. I don't --</p> <p>17 Q. -- or do you know?</p> <p>18 A. I don't recall. I saw a reference to</p> <p>19 that meeting. I went over that in my preparation,</p> <p>20 but I can't recall whether that was -- those were</p> <p>21 specific topics. I know it was a meeting</p> <p>22 regarding Internet pharmacies.</p> <p>23 Q. Was there any more communication with</p> <p>24 the DEA that Cardinal had between August of 2005</p>	<p style="text-align: right;">Page 140</p> <p>1 Again, I can't presently speak to every</p> <p>2 single communication that Cardinal Health had.</p> <p>3 Q. So is it Cardinal's position -- here.</p> <p>4 We keep talking about it, so I'm just going to</p> <p>5 give it to you.</p> <p>6 A. That would be great.</p> <p>7 MR. FULLER: There you go, Counsel.</p> <p>8 MS. MAINIGI: Thank you.</p> <p>9 MR. FULLER: Sure. And it's Norris 14,</p> <p>10 and it's going to be Plaintiff's Exhibit 13 for</p> <p>11 purposes of this deposition. And for the record</p> <p>12 and everybody listening in, now we finally have</p> <p>13 something with a Bates number on it, and it's</p> <p>14 CAH_MDL_PRIORPROD_DEA07_00837645.</p> <p>15 ---</p> <p>16 (Cardinal-Norris Exhibit 13 marked.)</p> <p>17 ---</p> <p>18 BY MR. FULLER:</p> <p>19 Q. And, Ms. Norris, this is, I believe, a</p> <p>20 document that was provided to us by your counsel.</p> <p>21 Do you see that in front of you?</p> <p>22 A. I see the document, yes.</p> <p>23 Q. Are you aware that this was a letter</p> <p>24 that the DEA did send back in 2006, and</p>
<p style="text-align: right;">Page 139</p> <p>1 and the receipt of the first Rannazzisi letter?</p> <p>2 And I believe it's September of 2006.</p> <p>3 A. I believe that's approximately correct.</p> <p>4 I don't -- I am not aware of any specific</p> <p>5 communications, but Cardinal Health communicates</p> <p>6 regularly with the DEA.</p> <p>7 Q. Was there any --</p> <p>8 A. I can't say right now what specific</p> <p>9 communications or timing of the communications</p> <p>10 there might have been.</p> <p>11 Q. Was there any further communication</p> <p>12 between Cardinal Health and the DEA between</p> <p>13 September of '06 and December of '07 when the</p> <p>14 second Rannazzisi letter came out?</p> <p>15 A. The second being the third, right?</p> <p>16 Q. Technically, yes, ma'am.</p> <p>17 A. Yes.</p> <p>18 Q. And what was that?</p> <p>19 A. I don't know the specifics of the</p> <p>20 communication, but I know that I was told by Steve</p> <p>21 Reardon there were communications with the DEA</p> <p>22 regarding the Rannazzisi letter, as well as</p> <p>23 attendance at a meeting in, I believe it was the</p> <p>24 fall of 2007, September maybe, with the DEA.</p>	<p style="text-align: right;">Page 141</p> <p>1 specifically September 27 -- God bless you --</p> <p>2 September 27, 2006 to Cardinal Health.</p> <p>3 A. Yes.</p> <p>4 Q. And in your preparation for this</p> <p>5 deposition, you had this document obtained and</p> <p>6 you've reviewed this document; is that correct?</p> <p>7 A. I have.</p> <p>8 Q. And does this copy of it appear to be</p> <p>9 the same as the copy that you pulled from</p> <p>10 Cardinal's files to review?</p> <p>11 A. Yes. It appears to be the document I've</p> <p>12 reviewed.</p> <p>13 Q. Now, you mentioned earlier just briefly</p> <p>14 that there was a second and a third -- well, yeah,</p> <p>15 a second and a third letter, right?</p> <p>16 A. Yes.</p> <p>17 Q. And that's because in the early part of</p> <p>18 2007, the DEA sent another copy of this letter out</p> <p>19 to all the wholesale distributors; is that</p> <p>20 correct?</p> <p>21 A. That is what I understand, yes.</p> <p>22 Q. And you believe that letter to be a</p> <p>23 pretty much identical copy of this one; is that</p> <p>24 right?</p>



<p style="text-align: right;">Page 142</p> <p>1 A. Yes.</p> <p>2 Q. And then when I said the second DEA</p> <p>3 letter, that is my fault, and I apologize. But it</p> <p>4 was actually -- you're correct -- the third that</p> <p>5 was sent at the end of 2007.</p> <p>6 Is that your understanding?</p> <p>7 A. That is my understanding.</p> <p>8 Q. Okay. Fair enough. I apologize for</p> <p>9 that confusion. Completely on me.</p> <p>10 So, ma'am, read the first two sentences</p> <p>11 of this letter from the DEA to Cardinal Health.</p> <p>12 A. "This letter is being sent to every</p> <p>13 commercial entity in the United States registered</p> <p>14 with the Drug Enforcement Administration to</p> <p>15 distribute controlled substances. The purpose of</p> <p>16 this letter is to reiterate the responsibilities</p> <p>17 of controlled substance distributors in view of</p> <p>18 the prescription drug abuse problem our nation</p> <p>19 currently faces."</p> <p>20 Q. Does Cardinal recognize that at this</p> <p>21 point of time in 2006, that we did have a</p> <p>22 prescription drug abuse problem in our nation?</p> <p>23 MS. MAINIGI: Objection; scope.</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 144</p> <p>1 fair?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. Go ahead, ma'am.</p> <p>4 A. "The CSA was designed by Congress to</p> <p>5 combat diversion by providing for a closed system</p> <p>6 of drug distribution in which all legitimate</p> <p>7 handlers of controlled substances must obtain a</p> <p>8 DEA registration, and as a condition of</p> <p>9 maintaining such registration, must take</p> <p>10 reasonable steps to ensure that their registration</p> <p>11 is not being utilized as a source of diversion."</p> <p>12 Q. Does Cardinal accept the DEA's statement</p> <p>13 that the CSA was designed by Congress to combat</p> <p>14 diversion?</p> <p>15 MS. MAINIGI: Objection; form.</p> <p>16 Objection; scope.</p> <p>17 A. I agree that that's what it says there.</p> <p>18 Q. And, yes, ma'am, I get that that's what</p> <p>19 it says there. But does Cardinal agree that that</p> <p>20 was the design of the CSA, was to combat</p> <p>21 diversion?</p> <p>22 MS. MAINIGI: Objection; form.</p> <p>23 Objection; scope. Objection; time period.</p> <p>24 A. I'm answering in my personal capacity.</p>
<p style="text-align: right;">Page 143</p> <p>1 Q. And Cardinal also recognizes that it is</p> <p>2 one of a multitude of players in this distribution</p> <p>3 channel of prescription drugs, correct?</p> <p>4 A. Yes.</p> <p>5 Q. And that -- strike that.</p> <p>6 If you'll go down to the Background</p> <p>7 section. Do you see that section next?</p> <p>8 A. Yes.</p> <p>9 Q. And if you'll read that first sentence,</p> <p>10 "As each of you are -- or is undoubtedly aware."</p> <p>11 A. "As each of you is undoubtedly aware,</p> <p>12 the abuse (nonmedical use) of controlled</p> <p>13 prescription drugs is a serious and growing health</p> <p>14 problem in this country."</p> <p>15 Q. Does Cardinal accept and adopt that</p> <p>16 statement during this time frame, or does Cardinal</p> <p>17 reject that statement?</p> <p>18 MS. MAINIGI: Objection; scope.</p> <p>19 Objection; form.</p> <p>20 A. I think it's a fair statement.</p> <p>21 Q. If you'll go down to the next paragraph</p> <p>22 and read that next sentence there for me, please,</p> <p>23 "The CSA was." And so we're clear when we say</p> <p>24 "CSA," we mean Controlled Substances Act; is that</p>	<p style="text-align: right;">Page 145</p> <p>1 That's what it says there.</p> <p>2 Q. Well, you'll notice under C, it asks for</p> <p>3 the past and present interpretation, compliance,</p> <p>4 and agreement and/or disagreement with the Dear</p> <p>5 Registrant letters from the DEA. And this is a</p> <p>6 Dear Registrant letter from the DEA. We can agree</p> <p>7 with that, correct?</p> <p>8 A. Correct.</p> <p>9 Q. So I want to know if Cardinal agrees --</p> <p>10 not in your personal capacity. I want to know if</p> <p>11 Cardinal agrees with the statement that "The CSA</p> <p>12 was designed by Congress to combat diversion."</p> <p>13 MS. MAINIGI: So I'm just going to note,</p> <p>14 since you read the particular topic, Mike, that</p> <p>15 you think is applicable here --</p> <p>16 MR. FULLER: Yes, ma'am.</p> <p>17 MS. MAINIGI: -- it says -- the rest of</p> <p>18 the topic reads, "Disagreement" -- picking up</p> <p>19 where you were, "Disagreement with the Dear</p> <p>20 Registrant letters from the DEA outlining the</p> <p>21 duties imposed on a distributor under federal</p> <p>22 law." The topic is not "let us know if every</p> <p>23 single sentence in the Dear Registrant letter is a</p> <p>24 sentence you agreed with."</p>



<p style="text-align: right;">Page 146</p> <p>1 MR. LEVIN: And "object to form" is</p> <p>2 fine, Counsel. Please.</p> <p>3 MS. MAINIGI: Thank you.</p> <p>4 BY MR. FULLER:</p> <p>5 Q. Does Cardinal agree or disagree that the</p> <p>6 CSA was designed to combat diversion?</p> <p>7 MS. MAINIGI: Objection; time period,</p> <p>8 Objection; scope. Objection; form.</p> <p>9 A. I agree that that's the statement that's</p> <p>10 made here.</p> <p>11 Q. Do you agree that that was the design</p> <p>12 behind the CSA --</p> <p>13 MS. MAINIGI: Same.</p> <p>14 Q. -- or do you disagree --</p> <p>15 MS. MAINIGI: Excuse me. Same --</p> <p>16 Q. -- or do you not know?</p> <p>17 MR. FULLER: Sorry.</p> <p>18 MS. MAINIGI: Same objections.</p> <p>19 A. I can't speak to all of what is behind</p> <p>20 the design of the CSA. I can say that that is</p> <p>21 what this sentence says.</p> <p>22 Q. So sitting here today, Cardinal doesn't</p> <p>23 know what the design or the purpose behind the CSA</p> <p>24 was, correct?</p>	<p style="text-align: right;">Page 148</p> <p>1 Q. Does that mean prevent diversion?</p> <p>2 MS. MAINIGI: Objection; form and scope.</p> <p>3 A. It means maintain effective controls</p> <p>4 against diversion.</p> <p>5 Q. Against would be preventing, right?</p> <p>6 MS. MAINIGI: Objection; scope.</p> <p>7 A. Generally, yes.</p> <p>8 Q. I mean, it's sort of like going back to</p> <p>9 the shipping requirement. It's really a not</p> <p>10 shipping requirement, right?</p> <p>11 A. Correct.</p> <p>12 Q. Okay. Does Cardinal or is Cardinal --</p> <p>13 strike that.</p> <p>14 Is Cardinal required to take reasonable</p> <p>15 steps to ensure that the registration isn't being</p> <p>16 utilized as a source of diversion?</p> <p>17 A. I don't recall that being anywhere in</p> <p>18 the statute or the regulations. Cardinal Health's</p> <p>19 obligation is to comply with the statute,</p> <p>20 regulations, and guidance provided by the DEA.</p> <p>21 Q. So -- and I understand your response,</p> <p>22 but now I'm asking you whether Cardinal has to</p> <p>23 take reasonable steps to ensure that the</p> <p>24 registration is not being utilized as a source of</p>
<p style="text-align: right;">Page 147</p> <p>1 MS. MAINIGI: Objection; time period.</p> <p>2 Objection; scope.</p> <p>3 A. That's not what I said. I said --</p> <p>4 Q. So does Cardinal do know?</p> <p>5 MS. MAINIGI: Same objections.</p> <p>6 A. I said I can't -- I can't opine on the</p> <p>7 entire thought process behind the CSA. I can tell</p> <p>8 you that is what that sentence says.</p> <p>9 Q. Okay. But we know from reading earlier</p> <p>10 that Congress has said that the design is to</p> <p>11 prevent diversion, correct?</p> <p>12 MS. MAINIGI: Do you want to refer her</p> <p>13 to a particular exhibit?</p> <p>14 MR. FULLER: She's welcome to flip</p> <p>15 through.</p> <p>16 A. Part of the design is to ensure that</p> <p>17 there are effective controls against diversion.</p> <p>18 Q. To prevent diversion, right?</p> <p>19 A. To maintain --</p> <p>20 MS. MAINIGI: Objection; form.</p> <p>21 Q. I'm sorry?</p> <p>22 MS. MAINIGI: Objection; scope.</p> <p>23 A. To maintain effective controls against</p> <p>24 diversion, yes.</p>	<p style="text-align: right;">Page 149</p> <p>1 diversion.</p> <p>2 A. That is a statement in this letter.</p> <p>3 Q. And Cardinal either agrees, the answer</p> <p>4 is yes; or disagrees, the answer is no; or I don't</p> <p>5 know?</p> <p>6 MS. MAINIGI: Objection.</p> <p>7 Q. So let me --</p> <p>8 MR. FULLER: I'm sorry. Go ahead.</p> <p>9 MS. MAINIGI: No. Go ahead.</p> <p>10 Are you done with your question?</p> <p>11 MR. FULLER: No. I was going to ask a</p> <p>12 cleaner one, which I imagine is what you wanted.</p> <p>13 BY MR. FULLER:</p> <p>14 Q. Ms. Norris, speaking on behalf of</p> <p>15 Cardinal, does Cardinal agree that it has to take</p> <p>16 reasonable steps to ensure that their registration</p> <p>17 is not being utilized as a source of diversion?</p> <p>18 A. Cardinal Health has an obligation to</p> <p>19 comply with the statute, the regulations, the law</p> <p>20 that applies, and the guidance provided by the</p> <p>21 DEA.</p> <p>22 Q. And does that mean they have to take</p> <p>23 steps to prevent their registration from being</p> <p>24 used as a source of diversion; yes or no?</p>

<p style="text-align: right;">Page 150</p> <p>1 A. That is guidance provided by the DEA.</p> <p>2 Q. So being that this letter is guidance</p> <p>3 provided by the DEA, then the answer is yes,</p> <p>4 Cardinal has to take steps to prevent its</p> <p>5 registration from being used as a source of</p> <p>6 diversion, correct?</p> <p>7 A. Generally, yes.</p> <p>8 Q. Generally, yes, or yes?</p> <p>9 A. Generally, yes, in accordance with the</p> <p>10 statute, the regulations, and the guidance</p> <p>11 provided by the DEA.</p> <p>12 Q. Well, you've told me that several times.</p> <p>13 And then I asked the follow-up, being that this</p> <p>14 letter is guidance from the DEA, you would agree</p> <p>15 with that, correct?</p> <p>16 A. Um-hmm, yes.</p> <p>17 Q. Cardinal agrees that this September 27,</p> <p>18 2006 letter provided by Rannazzisi, who was at the</p> <p>19 DEA, is providing guidance to the wholesale</p> <p>20 distributor industry, correct?</p> <p>21 A. Correct.</p> <p>22 Q. Okay. And as part of that guidance,</p> <p>23 he's telling wholesale distributors, including</p> <p>24 Cardinal, that they need to take steps to prevent</p>	<p style="text-align: right;">Page 152</p> <p>1 vigilant in deciding whether a prospective</p> <p>2 customer can be trusted to deliver controlled</p> <p>3 substances only for lawful purposes; correct?</p> <p>4 MS. MAINIGI: Objection; form.</p> <p>5 A. In maintaining effective controls</p> <p>6 against diversion, yes.</p> <p>7 Q. So if Cardinal has a basis or a reason</p> <p>8 for knowing a customer of theirs, a drugstore or</p> <p>9 pharmacy, may be obtaining controlled substances</p> <p>10 for an unlawful purpose, Cardinal has an</p> <p>11 obligation not to participate in that scheme,</p> <p>12 correct?</p> <p>13 MS. MAINIGI: Objection; form.</p> <p>14 A. If Cardinal Health is aware that a</p> <p>15 customer is doing that, Cardinal Health would not</p> <p>16 sell to that customer.</p> <p>17 Q. Now, let me ask you, as it relates to</p> <p>18 Cardinal's obligation, does Cardinal actually have</p> <p>19 to be aware of actual diversion by the drugstore</p> <p>20 or pharmacy or the potential for diversion by that</p> <p>21 drugstore or pharmacy?</p> <p>22 MS. MAINIGI: Objection; scope.</p> <p>23 A. What obligation are you referring to?</p> <p>24 Q. The obligation where it's going to sell</p>
<p style="text-align: right;">Page 151</p> <p>1 the registration from being used as a source of</p> <p>2 diversion; yes or no?</p> <p>3 A. Yes, that is the guidance provided in</p> <p>4 this letter.</p> <p>5 Q. Fair enough. Thank you. Read the rest</p> <p>6 of that paragraph for me, please.</p> <p>7 A. "Distributors are, of course, one of the</p> <p>8 key components in the distribution chain. If the</p> <p>9 closed system is to function properly, as Congress</p> <p>10 envisioned, distributors must be vigilant in</p> <p>11 deciding whether a prospective customer can be</p> <p>12 trusted to deliver controlled substances only for</p> <p>13 lawful purposes."</p> <p>14 "This responsibility is critical as</p> <p>15 Congress has expressly declared that the illegal</p> <p>16 distribution of controlled substances has a</p> <p>17 substantial and detrimental effect on the health</p> <p>18 and general welfare of the American people."</p> <p>19 Q. And Cardinal agrees and accepts that</p> <p>20 distributors are one of the key components in the</p> <p>21 distribution chain; is that right?</p> <p>22 MS. MAINIGI: Objection; form.</p> <p>23 A. Yes.</p> <p>24 Q. And that the distributors must be</p>	<p style="text-align: right;">Page 153</p> <p>1 those drugs to that pharmacy.</p> <p>2 MS. MAINIGI: Objection; form and scope.</p> <p>3 A. Under the statute, Cardinal has an</p> <p>4 obligation to identify and report suspicious</p> <p>5 orders, and then under the additional guidance</p> <p>6 provided by the DEA, the further obligation to not</p> <p>7 ship those orders that it has reported as</p> <p>8 suspicious.</p> <p>9 Q. And as we talked earlier, Cardinal has</p> <p>10 an affirmative obligation to maintain effective</p> <p>11 controls against diversion, correct?</p> <p>12 A. Correct.</p> <p>13 Q. That's separate from the suspicious</p> <p>14 order regulation; isn't that true?</p> <p>15 A. Correct.</p> <p>16 Q. So in order to --</p> <p>17 A. Not completely separate, but yes.</p> <p>18 Q. It's in the Controlled Substances Act, I</p> <p>19 will give you that.</p> <p>20 A. Yes.</p> <p>21 Q. And the Controlled Substances Act</p> <p>22 spawned the regulation created by the DEA for</p> <p>23 suspicious orders, fair enough?</p> <p>24 A. Yes.</p>

<p style="text-align: right;">Page 154</p> <p>1 Q. Okay. So the requirement to maintain 2 effective controls against diversion means we have 3 to try to prevent diversion; is that correct? 4 MS. MAINIGI: Objection; scope. 5 Objection; form. 6 A. Cardinal Health has an obligation to 7 maintain those effective controls against 8 diversion. 9 Q. And maintaining effective controls 10 against diversion is not shipping requirements, 11 shipping pills, shipping opioids to entities that 12 we suspect may be diverting them, correct? 13 MS. MAINIGI: Objection; form. 14 A. If we have a reasonable belief, if we 15 know they are diverting, then we do not ship to 16 them. 17 Q. Now, let's break that answer down, 18 because that's two. Is it a reasonable belief or 19 we know they're diverting? Do you actually have 20 to know they're diverting before you hold a 21 shipment -- 22 MS. MAINIGI: Objection; form. 23 Q. -- at least according to Cardinal? 24 MS. MAINIGI: Objection; form.</p>	<p style="text-align: right;">Page 156</p> <p>1 A. If they pose an unreasonable risk of 2 diversion or we know they are diverting, Cardinal 3 Health will not sell to them. 4 Q. What is an unreasonable risk of 5 diversion? It's basically they might be 6 diverting, right? 7 MS. MAINIGI: Objection; form. 8 A. We have reason to believe, based on the 9 totality of circumstances, they present a risk of 10 diversion, an unreasonable risk of diversion. 11 Q. So -- and that's what I'm trying to find 12 out, what that unreasonable qualification is 13 there. 14 MS. MAINIGI: Is that a question? 15 MR. FULLER: No. It's a statement. 16 We're going to jump around a little bit, and I 17 apologize. 18 --- 19 (Cardinal-Norris Exhibit 14 marked.) 20 --- 21 MR. FULLER: Gina, this is Norris 24. 22 And for the record, this is Plaintiff's 23 Exhibit 14. 24</p>
<p style="text-align: right;">Page 155</p> <p>1 A. No. 2 Q. So if Cardinal suspects diversion from a 3 pharmacy or a drugstore, it has the affirmative 4 obligation to not sell opioids to that drugstore, 5 correct? 6 MS. MAINIGI: Objection; scope. 7 Objection; form. 8 A. Cardinal Health's anti-diversion program 9 is designed to identify those customers that we 10 suspect of diversion through our Know Your 11 Customer policy, through the other -- the 12 suspicious order monitoring, and if we have reason 13 to believe, we suspect that they are diverting, 14 then we will not ship to them. 15 Q. So let me see if I can use what you just 16 told me to clean up the question and answer, okay? 17 So bear with me. 18 So under Cardinal's obligation to 19 maintain effective controls against diversion, if 20 Cardinal's anti-diversion program identifies a 21 drugstore or a pharmacy that may be diverting 22 controlled substances, Cardinal is not going to 23 sell to them, correct? 24 MS. MAINIGI: Objection; form.</p>	<p style="text-align: right;">Page 157</p> <p>1 BY MR. FULLER: 2 Q. Ms. Norris, have you ever seen this 3 document before? 4 A. I have not. 5 Q. And I'll represent to you that it is 6 from the United States District Court, District of 7 Arizona. 8 Do you see that? 9 A. I see that. 10 Q. And it's a case in which Arizona 11 Pharmacy, LLC sued Cardinal Health 110, Inc., et 12 al. And this document is actually Defendant 13 Cardinal's -- Cardinal Health 110, Inc., and 14 Cardinal Health 411, Inc.'s Response to 15 Plaintiff's Hearing Brief. 16 And what I'm going to tell you is that 17 the basis of this action is that Arizona Pharmacy, 18 LLC filed a lawsuit requesting a restraining order 19 against Cardinal for stopping shipments. Okay? 20 A. Mm-hmm, yes. 21 Q. And this is Cardinal's response to that 22 temporary restraining request, okay? 23 A. Okay. 24 Q. So it was written by Cardinal's lawyers</p>

<p style="text-align: right;">Page 158</p> <p>1 and filed in the Federal District Court in 2 Arizona. All right?</p> <p>3 A. Okay. Can you give me a minute to read 4 through it?</p> <p>5 Q. You certainly may, yes, ma'am.</p> <p>6 MS. MAINIGI: Do you want to focus us on 7 what topic you're concentrating on so she can --</p> <p>8 MR. FULLER: Well, there's highlights in 9 there, like there have been with all the 10 documents, but I think the witness generally likes 11 to flip past that like she's been doing. So we'll 12 just let her take her look.</p> <p>13 BY MR. FULLER:</p> <p>14 Q. Ms. Norris, you can take as much time as 15 you want and review the document, but I'm going to 16 focus on the bottom of page 6 where it talks about 17 "might."</p> <p>18 A. I've just gotten there.</p> <p>19 Q. Perfect timing then, huh?</p> <p>20 A. Yep.</p> <p>21 Q. And you just let me know when you're 22 ready. We've got all day, until about 7:30 23 tonight.</p> <p>24 MR. FULLER: It's not that long of a</p>	<p style="text-align: right;">Page 160</p> <p>1 Health has an obligation to avoid filling orders 2 that might be diverted."</p> <p>3 Is that correct? Does Cardinal Health 4 have an obligation to avoid filling orders that 5 might be diverted?</p> <p>6 A. That is the statement that --</p> <p>7 MS. MAINIGI: Objection. Excuse me. 8 Objection to scope.</p> <p>9 A. That is the statement that is made here.</p> <p>10 Q. Is that an obligation that Cardinal has, 11 is to prevent from filling orders that might be 12 diverted?</p> <p>13 A. Cardinal Health has an obligation to 14 maintain effective controls against diversion.</p> <p>15 Q. So you agree with this statement made by 16 Cardinal's lawyers to the District Court in 17 Arizona, in an attempt to prevent from having a 18 restraining order put on them, to actually provide 19 controlled substances, correct?</p> <p>20 MS. MAINIGI: Objection to form. 21 Objection to scope.</p> <p>22 A. Cardinal Health has an obligation to do 23 its due diligence and understand all of the 24 factors related to that order and determine</p>
<p style="text-align: right;">Page 159</p> <p>1 drive.</p> <p>2 MS. MAINIGI: We'll find out.</p> <p>3 A. Okay.</p> <p>4 Q. Okay, ma'am. So if you'll turn to page 5 6.</p> <p>6 A. Yes.</p> <p>7 Q. And you've had a chance to review this 8 document, at least most of it, correct?</p> <p>9 A. Just now, yes.</p> <p>10 Q. Yes, ma'am. And it is practically what 11 I -- well, I say practically. It is what I 12 explained to you. It's an action by a pharmacy 13 or -- a former customer of Cardinal because they 14 cut -- Cardinal cut them off in trying to get a 15 restraining order to continue shipments of 16 controlled Schedule II substances, opioids, 17 correct?</p> <p>18 MS. MAINIGI: Objection to form.</p> <p>19 A. The last piece, the specifics aren't 20 included here, but the distribution of controlled 21 substances I believe is what is at issue.</p> <p>22 Q. Fair enough.</p> <p>23 And then if you look down there at the 24 bottom, do you see that, where it says, "Cardinal</p>	<p style="text-align: right;">Page 161</p> <p>1 whether or not that order poses an unreasonable 2 risk of diversion.</p> <p>3 Q. And if there's a risk of diversion, it 4 has to not ship that order; do you agree?</p> <p>5 MS. MAINIGI: Objection to form.</p> <p>6 A. If Cardinal Health identifies an 7 unreasonable risk of diversion, we will not ship 8 the order.</p> <p>9 Q. And the lawyer in this brief goes on to 10 say, "Any emphasis on whether the Plaintiff is 11 actually diverting controlled substances is a red 12 herring that has no bearing on whether its 13 ordering pattern indicates -- or its ordering 14 patterns indicate that it might be engaged in 15 diversion."</p> <p>16 Do you agree with that statement, ma'am?</p> <p>17 A. One of the ways that Cardinal Health has 18 determined whether a customer poses an 19 unreasonable risk of diversion is to look at 20 ordering patterns and determine whether those are 21 similar to other customers who we have terminated 22 for diverting. That was an element of our 23 program, an anti-diversion program.</p> <p>24 Q. And so is that yes to the question?</p>



Page 162

1 MS. MAINIGI: Objection to form.  
 2 Q. And, ma'am, you can say "no." You can  
 3 disagree with the statement that Cardinal's  
 4 lawyers put before the Federal District Court in  
 5 Arizona. That's okay.  
 6 A. I understand. One of the indications  
 7 that Cardinal Health looks at for purposes of  
 8 determining whether a customer poses an  
 9 unreasonable risk of diversion is ordering  
 10 pattern.  
 11 Q. So is that a yes?  
 12 A. Yes what?  
 13 Q. Yes to my question.  
 14 MS. MAINIGI: Do you want to ask it  
 15 again?  
 16 Q. The question was, "And the lawyer in  
 17 this brief goes on to say, 'Any emphasis on  
 18 whether the Plaintiff is actually diverting  
 19 controlled substances is a red herring that has no  
 20 bearing on whether the ordering -- order  
 21 pattern -- ordering pattern indicates or it --  
 22 ordering pattern.'" I'll try it again. Jeez  
 23 Louise.  
 24 And, ma'am, I'm looking at the second

Page 163

1 sentence there in that paragraph. And does  
 2 Cardinal agree that any emphasis on whether a  
 3 Plaintiff is actually diverting a controlled  
 4 substance is a red herring, and it has no bearing  
 5 on whether its ordering patterns indicate that it  
 6 might be engaged in diversion."  
 7 Does Cardinal agree; yes or no?  
 8 MS. MAINIGI: Objection to form.  
 9 A. Not necessarily. It's looking at the  
 10 circumstances in total.  
 11 Q. Right.  
 12 A. I guess --  
 13 Q. I'm sorry. Go ahead.  
 14 A. But I guess I'm having a hard time  
 15 parsing out exactly what you're asking here.  
 16 Q. Well, let's break it down a little bit.  
 17 A. Okay.  
 18 Q. Cardinal's obligation to maintain  
 19 effective controls against diversion doesn't mean  
 20 it has to actually go out and prove that the  
 21 drugstore or pharmacy is diverting?  
 22 MS. MAINIGI: Objection; form.  
 23 Objection; scope.  
 24 A. Correct.

Page 164

1 Q. Okay. And what Cardinal is attempting  
 2 to do is to operate in the safest way possible  
 3 when it's dealing with controlled substances; is  
 4 that true?  
 5 MS. MAINIGI: Objection; scope.  
 6 A. Cardinal Health takes very seriously its  
 7 obligations related to all of the work it  
 8 provides, but also in regard to its distributing  
 9 of controlled substances, yes.  
 10 Q. And it wants to do it the safest way  
 11 possible; one, for the general public and, two, to  
 12 comply with the regulations; is that fair?  
 13 MS. MAINIGI: Objection; scope.  
 14 Objection; form.  
 15 A. Cardinal Health wants to ensure that  
 16 it's complying with the obligations under the  
 17 statute and the guidance.  
 18 Q. Does it also want to ensure that it does  
 19 what it can to prevent the public from harm?  
 20 MS. MAINIGI: Objection; scope.  
 21 Objection; form.  
 22 A. I don't know that Cardinal owes a duty  
 23 to the public regarding that. Cardinal Health has  
 24 an obligation to comply with its obligations under

Page 165

1 the law and the guidelines --  
 2 Q. And I'm just --  
 3 A. -- guidance.  
 4 Q. I'm sorry. Go ahead.  
 5 A. Guidance instead of guidelines. Sorry.  
 6 Q. And I'm just asking if Cardinal wants to  
 7 do what it can to help protect the public from  
 8 harm; yes or no?  
 9 MS. MAINIGI: Objection; scope.  
 10 Objection; form.  
 11 A. Cardinal Health operates in accordance  
 12 with the applicable laws, statutes, regulations,  
 13 and guidance.  
 14 Q. Does Cardinal Health operate with a  
 15 moral compass, too?  
 16 MS. MAINIGI: Objection; form.  
 17 Objection; scope.  
 18 Q. Or does Cardinal not care if --  
 19 MS. MAINIGI: I think soon it should be  
 20 time for a lunch break, Mike, because I think  
 21 we're --  
 22 MR. FULLER: As soon as we finish this  
 23 document, yes, ma'am.  
 24 MS. MAINIGI: Fine. Then go back to the



<p style="text-align: right;">Page 166</p> <p>1 document, because there's nothing about a moral</p> <p>2 compass in the document.</p> <p>3 A. I'm sorry. What was your question?</p> <p>4 Q. Does Cardinal not feel that it has an</p> <p>5 obligation to the general public?</p> <p>6 MS. MAINIGI: Objection to scope.</p> <p>7 Objection to form.</p> <p>8 A. Cardinal Health does not have an</p> <p>9 obligation to the general public. Cardinal Health</p> <p>10 has an obligation to perform its duties in</p> <p>11 accordance with the law, the statute, regulations,</p> <p>12 and guidance.</p> <p>13 Q. And I got it. So the answer is no,</p> <p>14 Cardinal Health does not believe it has an</p> <p>15 obligation to the general public, correct?</p> <p>16 MS. MAINIGI: Objection to form.</p> <p>17 Objection to scope.</p> <p>18 A. No.</p> <p>19 Q. No, that's not correct, or no, you agree</p> <p>20 with me?</p> <p>21 MS. MAINIGI: Objection to form.</p> <p>22 Objection to scope.</p> <p>23 Q. Let me ask it a different way. Yes or</p> <p>24 no, does Cardinal have a general obligation to</p>	<p style="text-align: right;">Page 168</p> <p>1 question.</p> <p>2 We'll take a lunch break.</p> <p>3 MS. MAINIGI: I thought you wanted to</p> <p>4 finish this document? Why don't we finish the</p> <p>5 document.</p> <p>6 MR. FULLER: Okay.</p> <p>7 MR. FARRELL: Well, at this pace, we'll</p> <p>8 be here all day.</p> <p>9 MR. FULLER: That's all right.</p> <p>10 MS. MAINIGI: Talk to your guy.</p> <p>11 MR. FARRELL: Well, talk to your</p> <p>12 witness. She hasn't answered the question yet.</p> <p>13 MS. MAINIGI: If he's got more</p> <p>14 questions --</p> <p>15 MR. FULLER: Oh, he's got to switch the</p> <p>16 media anyway.</p> <p>17 MR. FARRELL: Let's take a lunch break.</p> <p>18 THE VIDEOGRAPHER: The time is now</p> <p>19 12:39. Going off the record.</p> <p>20 ---</p> <p>21 Thereupon, at 12:39 p.m. a lunch</p> <p>22 recess was taken until 1:49 p.m.</p> <p>23 ---</p> <p>24</p>
<p style="text-align: right;">Page 167</p> <p>1 protect the public?</p> <p>2 MS. MAINIGI: Objection to form.</p> <p>3 Objection to scope.</p> <p>4 A. Cardinal Health has an obligation to</p> <p>5 comply with the laws that apply to the services it</p> <p>6 provides.</p> <p>7 Q. Yes, ma'am. But that wasn't my</p> <p>8 question. Not even close.</p> <p>9 My question is simply does Cardinal</p> <p>10 believe that it has an obligation to the general</p> <p>11 public in distributing controlled substances?</p> <p>12 It's either yes, we do, or no, we don't. We know</p> <p>13 about the regs.</p> <p>14 MS. MAINIGI: Objection to form. She's</p> <p>15 been asked that question a number of times and</p> <p>16 answered it a number of times. Objection to</p> <p>17 scope.</p> <p>18 Q. Go ahead.</p> <p>19 A. I'll say it again. Cardinal Health has</p> <p>20 an obligation to comply with the applicable laws,</p> <p>21 rules, regulations, and guidance in the</p> <p>22 performance of its services.</p> <p>23 MR. FULLER: And I'll reserve my right</p> <p>24 to come back and have you compelled to answer that</p>	<p style="text-align: right;">Page 169</p> <p>1 Tuesday Afternoon Session</p> <p>2 July 7, 2018</p> <p>3 1:49 p.m.</p> <p>4 ---</p> <p>5 THE VIDEOGRAPHER: All right. The time</p> <p>6 is now 1:49. Back on the record.</p> <p>7 ---</p> <p>8 CROSS-EXAMINATION</p> <p>9 BY MR. FARRELL:</p> <p>10 Q. Good afternoon. My name is Paul</p> <p>11 Farrell, and I'm going to be covering some of the</p> <p>12 subject matters in the first notice of the</p> <p>13 30(b)(6) deposition.</p> <p>14 I'd like to reference where we left off,</p> <p>15 which is Norris 14 or the deposition -- Plaintiff</p> <p>16 Exhibit 13, and it was the September 27, 2006</p> <p>17 correspondence from DEA to Cardinal Health.</p> <p>18 You recognize this document, yes?</p> <p>19 A. I do.</p> <p>20 Q. Now, one of the questions I have is when</p> <p>21 you look at the addressee, it says Knoxville,</p> <p>22 Tennessee. Can you confirm whether one of these</p> <p>23 Dear Registrant letters, identical to the</p> <p>24 September 27, 2006 letter to Knoxville, Tennessee,</p> <p>was also sent to all of the other Cardinal Health</p>

<p style="text-align: right;">Page 170</p> <p>1 distribution centers.</p> <p>2 A. That is my understanding, yes.</p> <p>3 Q. Without belaboring the point, when you</p> <p>4 review this 2006 correspondence from the DEA,</p> <p>5 sitting here today, does Cardinal Health affirm</p> <p>6 and ratify the statements regarding the law</p> <p>7 contained therein?</p> <p>8 MS. MAINIGI: Objection; scope.</p> <p>9 Objection; form.</p> <p>10 MR. FARRELL: Well, it can't be outside</p> <p>11 the scope. It like literally was written in there</p> <p>12 because I typed it myself.</p> <p>13 MS. MAINIGI: That's my objection.</p> <p>14 MR. FARRELL: Okay.</p> <p>15 MS. MAINIGI: If you want to point her</p> <p>16 to a particular sentence that happens to relate</p> <p>17 back to your topic, that's fine.</p> <p>18 MR. FARRELL: That's okay.</p> <p>19 BY MR. FARRELL:</p> <p>20 Q. So what I'm asking, sitting here today,</p> <p>21 representing Cardinal Health, do you accept the</p> <p>22 statements set forth in the September 27, 2006</p> <p>23 letter from the DEA related to the duties under</p> <p>24 the regulations?</p>	<p style="text-align: right;">Page 172</p> <p>1 A. Yes.</p> <p>2 Q. And from that point forward, that was</p> <p>3 the law in the United States of America according</p> <p>4 to Cardinal?</p> <p>5 MS. MAINIGI: Objection to form.</p> <p>6 A. From that point forward, that was the</p> <p>7 guidance the DEA was providing to Cardinal Health</p> <p>8 regarding its obligations.</p> <p>9 Q. And according to the DEA, if you did not</p> <p>10 follow this guidance, you may be engaging in</p> <p>11 unlawful conduct?</p> <p>12 MS. MAINIGI: Objection to form.</p> <p>13 Objection to scope.</p> <p>14 A. We may be engaging in activities that do</p> <p>15 not comply with the statute, regulations, and</p> <p>16 DEA's guidance.</p> <p>17 Q. Okay. Has Cardinal Health since</p> <p>18 September 27, 2006 accepted the duties set forth</p> <p>19 in the Dear Registrant letter?</p> <p>20 MS. MAINIGI: Objection to form.</p> <p>21 A. Generally, yes, as further modified by</p> <p>22 additional DEA guidance.</p> <p>23 Q. Very good. So sitting here today, you</p> <p>24 can tell me that as of September 27, 2006,</p>
<p style="text-align: right;">Page 171</p> <p>1 MS. MAINIGI: Objection to form.</p> <p>2 Objection to scope.</p> <p>3 A. I accept that this letter laid out</p> <p>4 duties and regulations, but that it also presented</p> <p>5 new duties that Cardinal Health was to comply with</p> <p>6 under the regulations.</p> <p>7 Q. So as of September 27, 2006, you</p> <p>8 acknowledge that this letter sets forth the</p> <p>9 obligations under the Controlled Substances Act</p> <p>10 and under the Code of Federal Regulations for</p> <p>11 Cardinal Health?</p> <p>12 MS. MAINIGI: Objection; scope.</p> <p>13 Objection; form.</p> <p>14 A. As to the reiteration of the reporting</p> <p>15 requirement, yes. Again, the "shipping</p> <p>16 requirement," to use short form, was a new -- new</p> <p>17 idea to Cardinal Health at the time they received</p> <p>18 this letter. So it was not -- I do not agree that</p> <p>19 that was an obligation in the statute going back.</p> <p>20 Q. Okay. So let's start over.</p> <p>21 Do you agree that on September 27, 2006,</p> <p>22 Cardinal Health got instructions with a new</p> <p>23 requirement called the shipping requirement?</p> <p>24 MS. MAINIGI: Objection to form.</p>	<p style="text-align: right;">Page 173</p> <p>1 Cardinal Health's position has been that it will</p> <p>2 comply moving forward with the Dear Registrant</p> <p>3 letter?</p> <p>4 MS. MAINIGI: Objection to form.</p> <p>5 A. Generally speaking, yes, as modified by</p> <p>6 the additional guidance Cardinal Health received</p> <p>7 over time.</p> <p>8 Q. Is there anything set forth in the 2006</p> <p>9 Dear Registrant letter that Cardinal Health</p> <p>10 objects to, disagrees with, or takes exception to?</p> <p>11 MS. MAINIGI: Objection to form.</p> <p>12 Do you want her to take a look at the</p> <p>13 letter?</p> <p>14 MR. FARRELL: I'm assuming she already</p> <p>15 has since it's listed specifically in the subject</p> <p>16 matter for this deposition.</p> <p>17 A. Generally speaking, at least one of the</p> <p>18 issues that Cardinal Health took umbrage with was</p> <p>19 that -- the idea that the shipping requirement had</p> <p>20 always existed.</p> <p>21 Q. Okay.</p> <p>22 A. It had not.</p> <p>23 Q. Okay. So do you believe that within the</p> <p>24 2006 registrant letter, there is a statement</p>

<p style="text-align: right;">Page 174</p> <p>1 imposing a shipping requirement?</p> <p>2 MS. MAINIGI: Objection; asked and</p> <p>3 answered.</p> <p>4 A. Generally speaking, yes.</p> <p>5 MS. MAINIGI: And, again, shipping</p> <p>6 requirement being defined right now for the</p> <p>7 purposes of our conversation by how Masters</p> <p>8 defined it, which is a do not ship requirement.</p> <p>9 MR. FARRELL: So raise your right hand.</p> <p>10 MS. MAINIGI: Do you agree?</p> <p>11 MR. FARRELL: Well, I have to raise my</p> <p>12 right hand if I'm going to testify. So I'll make</p> <p>13 you a deal. Let's both raise our right hands.</p> <p>14 MS. MAINIGI: I'm asking you a question.</p> <p>15 BY MR. FARRELL:</p> <p>16 Q. Okay. So I'm now going to have marked</p> <p>17 the next sequential exhibit, which is the</p> <p>18 Deposition Exhibit 15, but is Norris 15, which</p> <p>19 I'll represent to you is the December 27, 2007 DEA</p> <p>20 letter that you just referenced.</p> <p>21 - - -</p> <p>22 (Cardinal-Norris Exhibit 15 marked.)</p> <p>23 - - -</p> <p>24</p>	<p style="text-align: right;">Page 176</p> <p>1 third letter; although, it is the second from a</p> <p>2 substantive standpoint.</p> <p>3 Q. So you recognize this as a true and</p> <p>4 accurate copy of that document?</p> <p>5 A. Yes.</p> <p>6 Q. In fact, does it have a Bates stamp in</p> <p>7 the bottom right-hand corner?</p> <p>8 A. It has a stamp in the bottom right-hand</p> <p>9 corner.</p> <p>10 Q. Okay. And read those letters and</p> <p>11 numbers.</p> <p>12 A. CAH_MDL_PRIORPROD_DEA12_00010980.</p> <p>13 Q. All right. So have you reviewed this</p> <p>14 document before coming here today?</p> <p>15 A. Yes.</p> <p>16 Q. All right. You'll agree with me that it</p> <p>17 further clarifies the shipping requirement as the</p> <p>18 DEA was interpreting it in 2007?</p> <p>19 MS. MAINIGI: Objection to form.</p> <p>20 A. Yes.</p> <p>21 Q. And you agree that as of this letter,</p> <p>22 there can be no doubt that a shipping requirement</p> <p>23 exists in the United States of America?</p> <p>24 MS. MAINIGI: Objection to form.</p>
<p style="text-align: right;">Page 175</p> <p>1 BY MR. FARRELL:</p> <p>2 Q. And, again, what you'll note is that it</p> <p>3 is addressed to Syracuse, New York. I'm assuming</p> <p>4 that Cardinal Health will acknowledge this 2007</p> <p>5 Dear Registrant letter was, in fact, sent to every</p> <p>6 one of the distribution facilities Cardinal Health</p> <p>7 had at the time across the country.</p> <p>8 A. Yes.</p> <p>9 Q. Do you recognize this document?</p> <p>10 A. I do.</p> <p>11 Q. Is this, in fact, the second Dear</p> <p>12 Registrant letter sent by the DEA to Cardinal</p> <p>13 Health?</p> <p>14 A. Technically the third, but yes.</p> <p>15 Q. Okay. So tell me -- explain that to me.</p> <p>16 A. I think, as we talked about --</p> <p>17 MS. MAINIGI: Objection; asked and</p> <p>18 answered.</p> <p>19 A. As we talked about this morning, there</p> <p>20 were actually two different -- two different</p> <p>21 versions of letter one. "Versions" is not the</p> <p>22 right word, because they sent almost an identical</p> <p>23 copy in February, I believe, of 2007 of what they</p> <p>24 had sent in 2006. So this is technically the</p>	<p style="text-align: right;">Page 177</p> <p>1 A. This letter clarifies DEA's guidance</p> <p>2 that there was a shipping requirement.</p> <p>3 Q. Has Cardinal Health always taken that</p> <p>4 position?</p> <p>5 MS. MAINIGI: Objection to form.</p> <p>6 Objection; time period.</p> <p>7 Go ahead.</p> <p>8 A. Always in what -- I don't know what time</p> <p>9 period you're referring to as "always," because we</p> <p>10 didn't receive the letter until December 27, 2007.</p> <p>11 Q. Fair enough.</p> <p>12 After December 27, 2007, has Cardinal</p> <p>13 Health always taken the position that there was a</p> <p>14 shipping requirement?</p> <p>15 MS. MAINIGI: Objection to form.</p> <p>16 A. Yes.</p> <p>17 Q. So since 2007, Cardinal Health has</p> <p>18 always taken the position there was a duty to stop</p> <p>19 shipment of suspicious orders?</p> <p>20 MS. MAINIGI: Objection to form.</p> <p>21 Q. That's your position today?</p> <p>22 MS. MAINIGI: Sorry. Objection; form.</p> <p>23 Objection; scope.</p> <p>24 A. Cardinal Health designed the</p>

<p style="text-align: right;">Page 178</p> <p>1 enhancements to its program after 2007 to ensure 2 that suspicious orders were not shipped. Orders 3 reported as suspicious were not shipped. 4 Q. That wasn't my question. 5 My question is, since 2007, has Cardinal 6 Health always taken the position that there is a 7 duty to stop shipment of suspicious orders? 8 MS. MAINIGI: Objection; form and scope. 9 A. Cardinal Health designed its program 10 after 2007 -- in 2007, the enhancements to its 11 program, to ensure that it didn't ship orders it 12 had reported as suspicious. 13 Q. I think that must be written behind me 14 somewhere. Let me ask again. 15 Since 2007, has Cardinal Health always 16 taken the position that there is a duty to stop 17 shipment of suspicious orders? 18 MS. MAINIGI: Objection; asked and 19 answered. Objection; scope. 20 A. I'm not sure I understand the nuance in 21 your question. We designed the program -- 22 Q. There is no nuance. 23 MS. MAINIGI: Can you let her finish? 24 A. We designed the program to comply with</p>	<p style="text-align: right;">Page 180</p> <p>1 don't understand the question. We designed our 2 program to comply with the guidance. 3 MS. MAINIGI: And I'll interpose an 4 objection to form. Objection to scope. 5 Q. Since 2007, has Cardinal Health always 6 taken the position that there is a shipping 7 requirement as outlined in Masters Pharmaceutical? 8 A. Taken the position where? 9 MS. MAINIGI: Same objections. 10 Q. Anywhere. Why don't we just say first 11 the public record. 12 MS. MAINIGI: Objection to form. 13 A. This -- to the best of my knowledge, 14 this was the program -- we designed the program to 15 comply, and there was a shipping -- we do not ship 16 the orders that we report as suspicious. 17 Q. Have you changed that position in a 18 court of public record since 2007 -- 19 MS. MAINIGI: Objection to form. 20 Q. -- to the best of your knowledge? 21 A. Not to my knowledge. 22 Q. Okay. Will you -- I'm going to bring up 23 now a transcript from June 20, 2017 in the United 24 States District Court for the Southern District of</p>
<p style="text-align: right;">Page 179</p> <p>1 the guidance -- 2 Q. I know. This is the third time you've 3 said that. What I'm trying -- 4 MS. MAINIGI: Would you just let her 5 explain? 6 MR. FARRELL: No, I'm not, because we've 7 moving through this. 8 MS. MAINIGI: You're going to -- 9 MR. FARRELL: Yes, I'm going to 10 interrupt her. 11 BY MR. FARRELL: 12 Q. I'm asking you whether or not the 13 position you're taking today about the 2007 letter 14 and the shipping requirement has changed over time 15 since 2007? 16 MS. MAINIGI: So phrase it in the form 17 of a question -- 18 MR. FARRELL: I'm not. 19 MS. MAINIGI: -- and she'll answer it. 20 MR. FARRELL: I'm not. I can't be any 21 clearer. 22 MS. MAINIGI: Object. 23 Is that your question? 24 A. I guess I don't -- I'm sorry. I guess I</p>	<p style="text-align: right;">Page 181</p> <p>1 West Virginia. So we'll go to the front page 2 first, and I'll show it to you. 3 MS. MAINIGI: Can we have a copy? 4 MR. FARRELL: I don't have one. 5 BY MR. FARRELL: 6 Q. So you see the date June 20? 7 MS. MAINIGI: You've got to let her read 8 the transcript. 9 Q. Do you see the date June 20? 10 A. I do. 11 Q. Okay. This is ten days before the 12 Masters Pharmaceutical case was released. I'll 13 represent that to you. Now I'm going to go to 14 page 88. This is counsel for Cardinal Health. 15 MS. MAINIGI: Can we go all the way up 16 to the top? 17 Q. So I'd ask for you to read what's 18 highlighted. Read it aloud. 19 A. "Because there is no statute, no 20 regulation at the federal or state level that says 21 distributors should stop shipments if there's 22 suspicious orders." 23 Q. Now I'm going to have you look down to 24 the provision that's highlighted below that.</p>



<p style="text-align: right;">Page 182</p> <p>1 Would you read that aloud?</p> <p>2 A. "There's no duty, there's no regulation</p> <p>3 that says we're supposed to stop shipment."</p> <p>4 Q. That's what I was trying to figure out,</p> <p>5 is whether or not -- it looks like ten days before</p> <p>6 the Masters case came out, Cardinal Health's</p> <p>7 position was there was no duty to stop shipment.</p> <p>8 MS. MAINIGI: Objection; form.</p> <p>9 Objection; scope.</p> <p>10 A. The language says there's no statute, no</p> <p>11 regulation at the federal or state level, which is</p> <p>12 true. There is no statute and no regulation that</p> <p>13 says distributors should stop shipments if there's</p> <p>14 suspicious orders. Cardinal Health's position has</p> <p>15 not changed on that.</p> <p>16 Q. Do you recognize that the Masters</p> <p>17 Pharmaceutical case that came out rejected that</p> <p>18 position?</p> <p>19 MS. MAINIGI: Objection to form.</p> <p>20 A. I don't believe they rejected the</p> <p>21 position regarding the statute or the regulation</p> <p>22 statement.</p> <p>23 Q. You understand that Masters</p> <p>24 Pharmaceutical, as you went through this morning,</p>	<p style="text-align: right;">Page 184</p> <p>1 Q. Was Cardinal Health -- did Cardinal</p> <p>2 Health approve or ratify it prior to its filing?</p> <p>3 MS. MAINIGI: Objection to form.</p> <p>4 A. Cardinal Health provided commentary on</p> <p>5 it prior to its filing.</p> <p>6 Q. Did Cardinal Health approve it?</p> <p>7 A. Cardinal Health provided commentary.</p> <p>8 Q. Did Cardinal Health approve it?</p> <p>9 MS. MAINIGI: Objection to form. Asked</p> <p>10 and answered.</p> <p>11 A. Cardinal Health provided commentary.</p> <p>12 Q. Did Cardinal Health approve it?</p> <p>13 MS. MAINIGI: Objection to form. Asked</p> <p>14 and answered.</p> <p>15 A. It provided commentary on it.</p> <p>16 Q. Did Cardinal Health approve the document</p> <p>17 prior to filing? Fifth time I'm asking.</p> <p>18 A. I understand.</p> <p>19 MS. MAINIGI: Objection to form. Asked</p> <p>20 and answered.</p> <p>21 A. Cardinal Health provided commentary on</p> <p>22 the amicus brief.</p> <p>23 Q. Let me give you a hint. I'm not going</p> <p>24 to ask you a question that I probably don't know</p>
<p style="text-align: right;">Page 183</p> <p>1 has a shipping requirement?</p> <p>2 A. Yes.</p> <p>3 Q. It says you have a duty to stop shipment</p> <p>4 of suspicious orders?</p> <p>5 MS. MAINIGI: Objection to form.</p> <p>6 A. It refers to a shipping requirement,</p> <p>7 yes.</p> <p>8 Q. So I'm asking you, sitting here today,</p> <p>9 does Cardinal Health believe there is a shipping</p> <p>10 requirement as set forth in Masters</p> <p>11 Pharmaceutical?</p> <p>12 MS. MAINIGI: Objection to form.</p> <p>13 A. Yes.</p> <p>14 Q. And it has been so since at least the</p> <p>15 2007 Dear Registrant letter according to Cardinal</p> <p>16 Health?</p> <p>17 A. I believe that's also the reference in</p> <p>18 Masters.</p> <p>19 Q. Very good. Now what I'm going to ask</p> <p>20 you to go and look at is -- you're familiar with</p> <p>21 the amicus brief in Masters Pharmaceutical?</p> <p>22 A. I am.</p> <p>23 Q. Did you participate in writing it?</p> <p>24 A. I did not.</p>	<p style="text-align: right;">Page 185</p> <p>1 the answer to.</p> <p>2 So are you aware of whether or not</p> <p>3 Cardinal Health approved the amicus brief prior to</p> <p>4 filing?</p> <p>5 MS. MAINIGI: Objection to form. Asked</p> <p>6 and answered.</p> <p>7 A. It provided commentary. I don't know if</p> <p>8 that commentary rose to the level of approval.</p> <p>9 - - -</p> <p>10 (Cardinal-Norris Exhibit 16 marked.)</p> <p>11 - - -</p> <p>12 Q. I'm going to have marked now Deposition</p> <p>13 Exhibit 16. I'm going to hand it to you. It is</p> <p>14 Bates-stamped ABDCMDL00275057. It is the</p> <p>15 Healthcare Distribution Management Association's</p> <p>16 Executive Committee Meeting summary from June 12,</p> <p>17 2016 held in Colorado Springs, Colorado.</p> <p>18 Have you seen or are you familiar with</p> <p>19 this document?</p> <p>20 A. I am not. I have not.</p> <p>21 Q. When you flip to page 2, you'll notice</p> <p>22 that it says June 12, 2016, or on the front page</p> <p>23 as well.</p> <p>24 A. Yes, it says June 12, 2016.</p>

<p style="text-align: right;">Page 186</p> <p>1 Q. The first thing I'd like to direct your 2 attention to is the very beginning on page 4. And 3 you'll notice at the top, these are the minutes 4 from the Pebble Beach, California Executive 5 Committee meeting. And you'll see in 6 attendance -- well, you see the second person who 7 is in attendance? 8 A. Yes. 9 Q. Who is that? 10 A. John Giacomini, Vice Chairman. 11 Q. Of? 12 A. CEO, Pharmaceutical Segment, Cardinal 13 Health, Inc. 14 Q. So Cardinal Health, Inc. sent their CEO 15 of the Pharmaceutical Segment to this meeting, 16 correct? 17 A. Well, I believe John serves on the 18 Executive Committee. 19 Q. Cardinal Health sent its CEO to attend 20 this meeting? 21 MS. MAINIGI: Objection; scope. 22 A. The CEO of the Pharmaceutical Segment 23 who was on the Executive Committee. 24 Q. Of HDMA?</p>	<p style="text-align: right;">Page 188</p> <p>1 suspicious order reporting. Notice-and-comment 2 rule-making required." 3 Do you see that? 4 A. I see that. 5 Q. So when you look below at the actions, 6 you'll see that it was subject to a vote and 7 approved to submit an amicus brief, agreed? 8 MS. MAINIGI: Objection to form. 9 A. The executive committee approved filing 10 of the brief. 11 Q. Right. Now, flip to the previous page. 12 And the interesting thing is that they're talking 13 about the West Virginia litigation. 14 A. I'm sorry. Flip to what page? I 15 apologize. 16 Q. That's all right. The previous page. 17 It will be 5 at the bottom of the page, I think. 18 A. Yes. 19 Q. And you'll see that there's a provision 20 in there about the West Virginia litigation under 21 Item 4. And the paragraph at the bottom of the 22 page -- 23 MS. MAINIGI: I think she's reading it. 24 Can you give her a moment to take a look at it?</p>
<p style="text-align: right;">Page 187</p> <p>1 A. Yes. 2 Q. Now, if you look down at the bottom at 3 the Welcome and Administrative Matters, actually 4 Mr. Giacomini from Cardinal Health chaired this 5 meeting, correct? 6 A. That's what it appears from the 7 language, yes. 8 Q. Now, if you flip to the next page under 9 paragraph C, Legal Issues, the first item is the 10 Masters Pharmaceuticals case. 11 Would you read aloud what the summary 12 says? 13 A. "The status of the Masters litigation as 14 well as discussion of the draft amicus curiae 15 brief to be possibly filed on behalf of HDMA will 16 be discussed later in the meeting led by President 17 Gray and HDMA General Counsel Gallenagh." 18 Q. Now, if you flip to the next page, 19 you'll see that there is a provision -- no. We're 20 going to go down to the Masters first. You're 21 going to see that under Masters amicus brief, it 22 states, "The central theme of the draft brief is 23 that DEA must follow statutory and regulatory 24 requirements regarding the imposition of</p>	<p style="text-align: right;">Page 189</p> <p>1 A. Okay. 2 Q. Now, the last paragraph that's on that 3 page starting with "Counsel Frank," will you read 4 that aloud, please? 5 A. "Counsel Frank characterized the series 6 of DEA and state actions as efforts to improperly 7 expand distributors' responsibilities beyond 8 simply reporting suspicious orders to actually 9 preventing the distribution of controlled 10 substances to licensed dispensers. States are 11 bringing these actions for similar reasons but 12 also in an effort to collect monetary damages and 13 penalties." 14 Q. So now you understand my confusion from 15 this morning when it seems as if Cardinal Health 16 is participating in an amicus brief and 17 characterizing the DEA and the state actions as 18 actually requiring you, Cardinal Health, to 19 prevent distribution of controlled substances to 20 licensed dispensers. 21 So, again, my question goes back to it. 22 Prior to the release of Masters Pharmaceutical, 23 are you sure Cardinal Health hadn't flip-flopped 24 its positions regarding the shipping requirement?</p>

<p style="text-align: right;">Page 190</p> <p>1 MS. MAINIGI: Objection to form.</p> <p>2 Objection to scope.</p> <p>3 A. No, I do not believe Cardinal Health</p> <p>4 flip-flopped its position. We designed our</p> <p>5 program to comply with the shipping requirement.</p> <p>6 The fact that we participated in these briefs</p> <p>7 doesn't mean that we were not complying with the</p> <p>8 requirements as we understood the DEA to have</p> <p>9 provided us guidance for.</p> <p>10 Q. Understood. We'll get to the brief now,</p> <p>11 which is going to be marked as Exhibit 17. It's</p> <p>12 Norris 20.</p> <p>13 ---</p> <p>14 (Cardinal-Norris Exhibit 17 marked.)</p> <p>15 ---</p> <p>16 BY MR. FARRELL:</p> <p>17 Q. Have you seen and read this brief</p> <p>18 before?</p> <p>19 MS. MAINIGI: Well, can you let her lay</p> <p>20 eyes on it, and then she can tell which one you're</p> <p>21 talking about.</p> <p>22 Q. Have you reviewed this document prior to</p> <p>23 today?</p> <p>24 A. I have.</p>	<p style="text-align: right;">Page 192</p> <p>1 through the fact that this amicus brief was</p> <p>2 approved for filing by HDMA and was eventually</p> <p>3 filed by HDMA?</p> <p>4 A. Correct. It was approved for filing</p> <p>5 subject to final review and approval.</p> <p>6 Q. And that chairman of that committee was</p> <p>7 who?</p> <p>8 A. The chairman at the time was Ted</p> <p>9 Schurer.</p> <p>10 Q. The acting chair?</p> <p>11 A. Yes. I assume where you're going is</p> <p>12 John was chairing the meeting that day.</p> <p>13 Q. So this nonsense objection gets right</p> <p>14 back to where we were. This is the amicus brief</p> <p>15 that Cardinal Health, as a member of HDMA,</p> <p>16 submitted in the Masters Pharmaceutical case,</p> <p>17 agreed?</p> <p>18 MS. MAINIGI: Objection to form.</p> <p>19 A. This is the amicus brief that HDMA</p> <p>20 filed.</p> <p>21 Q. All right. Now, if you flip to page 5,</p> <p>22 Norris 20-005.</p> <p>23 A. Yes.</p> <p>24 Q. So at the very -- the first highlighted</p>
<p style="text-align: right;">Page 191</p> <p>1 Q. You're aware that it's one of the items</p> <p>2 listed in the 30(b)(6) notice?</p> <p>3 A. I am.</p> <p>4 Q. This is the amicus brief that was</p> <p>5 approved by HDMA during a meeting chaired by</p> <p>6 Cardinal Health's CEO.</p> <p>7 A. Approved to be filed, yes.</p> <p>8 Q. Approved to be filed. Ratifying its</p> <p>9 truth and accuracy?</p> <p>10 MS. MAINIGI: Objection to form.</p> <p>11 And I hope you're not mischaracterizing</p> <p>12 facts to this witness. Did you show her where it</p> <p>13 was approved?</p> <p>14 MR. FARRELL: Yeah. Again, this is</p> <p>15 about your 15th speaking objection. She can</p> <p>16 answer the question.</p> <p>17 MS. MAINIGI: I don't think so.</p> <p>18 A. The action was --</p> <p>19 MR. FARRELL: Gee, that's amazing that</p> <p>20 she picked up right on what your objection was.</p> <p>21 Enu, that's not an appropriate objection. She can</p> <p>22 ask or answer herself.</p> <p>23 BY MR. FARRELL:</p> <p>24 Q. The fact of the matter is we walked</p>	<p style="text-align: right;">Page 193</p> <p>1 provision in there, I'll read it aloud to make</p> <p>2 this quicker. "The public health dangers</p> <p>3 associated with diversion and abuse of controlled</p> <p>4 prescription drugs have been well recognized by</p> <p>5 Congress, DEA, public health authorities, and</p> <p>6 others, including HDMA and NACDS and their</p> <p>7 members."</p> <p>8 Do you see that?</p> <p>9 A. I do.</p> <p>10 Q. Sitting here today, does Cardinal Health</p> <p>11 ratify and agree with that statement?</p> <p>12 MS. MAINIGI: Objection to form.</p> <p>13 Objection; scope.</p> <p>14 A. Cardinal Health agrees with this</p> <p>15 statement.</p> <p>16 Q. So if controlled substances that</p> <p>17 Cardinal Health sells gets diverted, it has the</p> <p>18 potential to cause public health dangers, agreed?</p> <p>19 MS. MAINIGI: Objection; scope.</p> <p>20 Objection; form.</p> <p>21 A. Can you repeat the question?</p> <p>22 Q. Cardinal Health has an obligation --</p> <p>23 well, wait a minute. Where am I here?</p> <p>24 If controlled substances that Cardinal</p>

<p style="text-align: right;">Page 194</p> <p>1 Health sells gets diverted, it has the potential 2 to cause public health dangers, agreed? 3 MS. MAINIGI: Objection to form. 4 Objection to scope. 5 A. Not necessarily. 6 Q. So you disagree with the statement that 7 your trade organization submitted in the Masters 8 Pharmaceutical case? 9 MS. MAINIGI: Objection; form. 10 Objection; scope. 11 A. I don't think I'm disagreeing with the 12 statement. 13 Q. Okay. So how about this: Let's play 14 true or false. I'll read the sentence, and you 15 say true or say false, okay? 16 MS. MAINIGI: The witness can answer as 17 she likes. 18 A. Okay. 19 Q. "The public health dangers associated 20 with the diversion and abuse of controlled 21 prescription drugs have been well recognized by 22 Congress, DEA, public health authorities and 23 others, including HDMA and NACDS and their 24 members."</p>	<p style="text-align: right;">Page 196</p> <p>1 they have a duty to guard against diversion? 2 MS. MAINIGI: Objection; asked and 3 answered. Objection; scope. 4 A. Cardinal Health has regulatory and legal 5 obligations that it must comply with in performing 6 its services, which is what it does. 7 Q. We're going to get to your tag line 8 later. Again, your answer was clear before. You 9 don't have to repeat it. You can just say "ditto" 10 to save time. 11 I'm asking you whether or not you 12 acknowledge that the amicus brief submitted on 13 behalf of Cardinal Health's trade organization 14 states that as responsible members of society, you 15 have a duty to guard against diversion? 16 MS. MAINIGI: Objection to form. Asked 17 and answered. Objection; scope. 18 A. That is a statement in the amicus brief. 19 Q. I'm going to ask you for a third time. 20 Do you agree with this statement, yes or no? 21 MS. MAINIGI: Objection to form. Asked 22 and answered. Objection; scope. 23 A. I believe I answered. I don't believe 24 that -- with the statement in total.</p>
<p style="text-align: right;">Page 195</p> <p>1 True or false? 2 MS. MAINIGI: Objection; form. 3 Objection; scope. 4 A. True. 5 Q. "HDMA and NACDS members not only have 6 statutory and regulatory responsibilities to guard 7 against diversion of controlled prescription drugs 8 but undertakes such efforts as responsible members 9 of society." 10 True or false? 11 MS. MAINIGI: Objection; form. 12 Objection; scope. 13 A. I disagree with the "undertake such 14 efforts as responsible members of society." We 15 have a statutory and regulatory obligation that we 16 comply with. 17 Q. So it's false? 18 MS. MAINIGI: Objection to form. 19 Objection to scope. 20 A. No, not in total. 21 Q. You're sitting here on behalf of 22 Cardinal Health today, not in-house counsel. 23 Does Cardinal Health accept or reject 24 the fact that as responsible members of society,</p>	<p style="text-align: right;">Page 197</p> <p>1 Q. So it's false; you do not believe 2 there's a duty? 3 MS. MAINIGI: Objection to form. 4 Objection; asked and answered. Objection; scope. 5 A. No, I don't believe there is a duty. 6 Q. Yet Cardinal Health approved the 7 submission of this document to the D.C. Circuit 8 Court of Appeals? 9 MS. MAINIGI: Objection; form. 10 A. Yes. Cardinal Health approved this to 11 be filed. 12 Q. Now, if you go down to the next part, 13 you'll see where it says "But in certain recent 14 pronouncements." 15 Would you read that? 16 A. Yes. 17 Q. It says, "DEA has required distributors 18 not only to report suspicious orders, but to 19 investigate orders; as an example, interrogating 20 pharmacies and physicians and take action to halt 21 orders before they are filed. 22 "Those added obligations would 23 significantly expand the report only duty of 24 distributors under the longstanding regulatory</p>



<p style="text-align: right;">Page 198</p> <p>1 scheme and impose impractical obligations on</p> <p>2 distributors."</p> <p>3 Does Cardinal Health agree or disagree</p> <p>4 with that statement?</p> <p>5 MS. MAINIGI: Objection to form.</p> <p>6 Objection; scope.</p> <p>7 A. Cardinal Health agrees that the</p> <p>8 reporting obligation was a new obligation imposed</p> <p>9 by -- sorry. I misspoke. The shipping obligation</p> <p>10 was a new obligation imposed by the DEA which</p> <p>11 Cardinal Health complied with once they were made</p> <p>12 aware of it.</p> <p>13 Q. This is -- listen. This amicus brief</p> <p>14 was submitted in what year?</p> <p>15 A. 2016, '17.</p> <p>16 Q. Okay. And what year did Cardinal Health</p> <p>17 receive the shipping requirement Dear Registrant</p> <p>18 letter?</p> <p>19 A. Initially in 2006.</p> <p>20 Q. So a decade earlier, correct?</p> <p>21 MS. MAINIGI: Objection to form.</p> <p>22 A. Correct.</p> <p>23 Q. This document submitted by Cardinal</p> <p>24 Health's trade group seems to indicate a rejection</p>	<p style="text-align: right;">Page 200</p> <p>1 That's the position Cardinal Health was</p> <p>2 taking through its trade group in June of 2016 --</p> <p>3 2017. That's not true, is it?</p> <p>4 MS. MAINIGI: Objection to form.</p> <p>5 Objection to scope.</p> <p>6 A. It is true. There is nothing in the</p> <p>7 regulation. The guidance provided by the DEA</p> <p>8 provided the shipping requirements.</p> <p>9 Q. So, again, with the word games.</p> <p>10 Go to the next provision. "There is no</p> <p>11 prohibition on shipment of suspicious orders."</p> <p>12 Does Cardinal Health agree with that?</p> <p>13 MS. MAINIGI: Objection to form.</p> <p>14 Objection to scope.</p> <p>15 Q. Your lawyer is telling a West Virginia</p> <p>16 federal court there is no duty. You're saying --</p> <p>17 your amicus brief is saying there is no duty.</p> <p>18 Cardinal Health has been fined for a violation of</p> <p>19 that duty, and yet you're saying you've been in</p> <p>20 compliance with this since at least 2007.</p> <p>21 Is that your testimony today?</p> <p>22 MS. MAINIGI: Objection to form.</p> <p>23 Objection; scope.</p> <p>24 A. There is no obligation in the statute</p>
<p style="text-align: right;">Page 199</p> <p>1 of the shipping requirement ten days before the</p> <p>2 Masters Pharmaceutical case was released.</p> <p>3 MS. MAINIGI: Objection to form.</p> <p>4 Objection; argumentative. Objection; scope.</p> <p>5 A. I believe when you read the brief in</p> <p>6 total, it refers clearly to the 2006 DEA letters.</p> <p>7 So the -- if there is an insinuation that they are</p> <p>8 somehow saying that it's new then in 2016, '17,</p> <p>9 that's not the -- that's not what the entire</p> <p>10 letter says.</p> <p>11 Q. Well, let's go to page 9 where the brief</p> <p>12 literally says, "Nothing" --</p> <p>13 MS. MAINIGI: Can you wait until she</p> <p>14 gets to page 9, please?</p> <p>15 And then do you want to draw her</p> <p>16 attention to where on page 9 you are?</p> <p>17 A. I'm on page 9.</p> <p>18 Q. I'll give you one hint to what I'm going</p> <p>19 to read next. It's highlighted.</p> <p>20 A. Okay.</p> <p>21 Q. "Nothing in Sections 1301.72 to 1301.76</p> <p>22 requires distributors to investigate the</p> <p>23 legitimacy of orders or to halt shipment of any</p> <p>24 orders deemed to be suspicious."</p>	<p style="text-align: right;">Page 201</p> <p>1 regarding the shipping requirement, but the</p> <p>2 guidance provided by the DEA provided that, and</p> <p>3 Cardinal Health has complied.</p> <p>4 Q. And the D.C. Circuit Court of Appeals</p> <p>5 has affirmed the DEA's position, agreed?</p> <p>6 MS. MAINIGI: Objection. Outside the</p> <p>7 scope.</p> <p>8 MR. FARRELL: It is not. It's actually</p> <p>9 listed in the scope. I'll repeat the question.</p> <p>10 BY MR. FARRELL:</p> <p>11 Q. The D.C. Circuit Court of Appeals in</p> <p>12 Masters Pharmaceutical affirmed the position taken</p> <p>13 by the DEA in its 2006 and 2007 Dear Registrant</p> <p>14 letters --</p> <p>15 MS. MAINIGI: Objection.</p> <p>16 Q. -- agreed?</p> <p>17 MS. MAINIGI: Excuse me. Objection;</p> <p>18 scope.</p> <p>19 A. It affirmed that there is a shipping</p> <p>20 requirement.</p> <p>21 Q. So the answer to my question is yes?</p> <p>22 MS. MAINIGI: Objection; form.</p> <p>23 Objection; scope.</p> <p>24 A. Yes. They affirmed there is a shipping</p>

<p style="text-align: right;">Page 202</p> <p>1 requirement.</p> <p>2 Q. Now, you testified earlier that there</p> <p>3 were -- that the DEA told Cardinal Health that the</p> <p>4 duty was report only prior to 2006.</p> <p>5 Do you remember that testimony?</p> <p>6 A. I don't know that I said the DEA told</p> <p>7 us. It was our understanding that it was report</p> <p>8 only based on the guidance we had received from</p> <p>9 the DEA prior to 2006.</p> <p>10 Q. I've got to write that word down.</p> <p>11 Guidance.</p> <p>12 What guidance did you receive? Is it in</p> <p>13 writing somewhere?</p> <p>14 A. There's the 1998 DEA report to the</p> <p>15 Attorney General that speaks to the required</p> <p>16 reporting.</p> <p>17 Q. So wait a minute. You're relying upon a</p> <p>18 1998 letter to the Attorney General as the basis</p> <p>19 for compliance with your duty to prevent</p> <p>20 diversion, yes?</p> <p>21 MS. MAINIGI: Objection; scope.</p> <p>22 Objection; form.</p> <p>23 MR. FARRELL: Well, hold on. You can't</p> <p>24 object to the scope when she's relying on a 1998</p>	<p style="text-align: right;">Page 204</p> <p>1 A. I believe I answered this morning. I</p> <p>2 don't know specifically. I know the topic of the</p> <p>3 meeting was Internet pharmacies.</p> <p>4 Q. You're not aware of what the Internet</p> <p>5 pharmacies was, what they talked about, what the</p> <p>6 issue was?</p> <p>7 MS. MAINIGI: Objection; asked and</p> <p>8 answered.</p> <p>9 She discussed it this morning. I don't</p> <p>10 know if you were in the room or not when she did,</p> <p>11 because you might have been wandering in and out.</p> <p>12 MR. FARRELL: Ooh, that was a little</p> <p>13 catty.</p> <p>14 A. I can't recall all the specifics of the</p> <p>15 meeting, as I stated this morning.</p> <p>16 Q. All right. So let's -- then let's put</p> <p>17 it even broader.</p> <p>18 When is the earliest that you believe</p> <p>19 Cardinal Health had interactions with the DEA</p> <p>20 regarding diversion of controlled substances?</p> <p>21 MS. MAINIGI: Objection; scope.</p> <p>22 Objection; time period.</p> <p>23 A. I can't speak to all of the interactions</p> <p>24 that Cardinal Health had with the DEA. Again,</p>
<p style="text-align: right;">Page 203</p> <p>1 document for her deposition today.</p> <p>2 MS. MAINIGI: I'm objecting to scope.</p> <p>3 BY MR. FARRELL:</p> <p>4 Q. So I'm asking you again. Other than the</p> <p>5 1998 letter, are there any other written documents</p> <p>6 that you rely upon as guidance that your duty was</p> <p>7 report only?</p> <p>8 A. At this time, I'm not aware of any</p> <p>9 specific other written documents.</p> <p>10 Q. Okay. This 1998 letter, who was it to</p> <p>11 and from?</p> <p>12 A. It wasn't a letter. It was a report by</p> <p>13 the DEA to the Attorney General.</p> <p>14 Q. Of the United States?</p> <p>15 A. Yes.</p> <p>16 MR. FARRELL: Well, don't huff. There's</p> <p>17 like 50 of them. You should know. They all sued</p> <p>18 you.</p> <p>19 BY MR. FARRELL:</p> <p>20 Q. You also talked about a 2005 meeting</p> <p>21 with the DEA regarding Internet pharmacies.</p> <p>22 A. Yes.</p> <p>23 Q. Was that related to diversion of</p> <p>24 controlled substances, including opioids?</p>	<p style="text-align: right;">Page 205</p> <p>1 pursuant to the 1998 DEA report to the Attorney</p> <p>2 General, that provided guidance to us as to what</p> <p>3 we were supposed to be doing regarding the</p> <p>4 reporting of controlled substances.</p> <p>5 Q. You paid a fine in 2008, correct?</p> <p>6 MS. MAINIGI: Objection.</p> <p>7 A. We paid a settlement.</p> <p>8 Q. You paid a settlement in 2008, right?</p> <p>9 A. Yes.</p> <p>10 Q. Did it include conduct prior to '08, to</p> <p>11 the best of your knowledge?</p> <p>12 A. Without the document in front of me, I</p> <p>13 cannot be positive. I believe there were years</p> <p>14 referenced prior to 2008.</p> <p>15 Q. Okay. Because I haven't seen it, and</p> <p>16 one of the subject matters is Cardinal Health's</p> <p>17 interactions with the DEA. I'm trying to figure</p> <p>18 out if those interactions go prior to 2006. And</p> <p>19 what you're telling me is at a minimum, there's a</p> <p>20 1998 letter. Are you aware of anything else, any</p> <p>21 other meetings, presentations, documents?</p> <p>22 A. I'm not aware --</p> <p>23 MS. MAINIGI: Objection. Excuse me.</p> <p>24 Objection to form.</p>

<p style="text-align: right;">Page 206</p> <p>1 A. I'm not aware of anything specifically.</p> <p>2 The company presently doesn't have that</p> <p>3 information, but I can't say with any specificity.</p> <p>4 Q. Since at least 2007, do you agree that</p> <p>5 shipping a suspicious order without conducting due</p> <p>6 diligence is unlawful?</p> <p>7 MS. MAINIGI: Objection to form.</p> <p>8 Objection; scope.</p> <p>9 A. Shipping a suspicious order without</p> <p>10 conducting due diligence, an order that has been</p> <p>11 reported as suspicious without conducting due</p> <p>12 diligence, does not comport with the guidance that</p> <p>13 we've received from the DEA.</p> <p>14 Q. So is shipping a suspicious order</p> <p>15 illegal?</p> <p>16 MS. MAINIGI: Objection to form.</p> <p>17 Objection; scope.</p> <p>18 A. It does not comply with the guidance</p> <p>19 provided by the DEA.</p> <p>20 Q. Does that make it illegal or unlawful?</p> <p>21 MS. MAINIGI: Objection; form.</p> <p>22 Objection; scope.</p> <p>23 A. It does not comply with the guidance</p> <p>24 provided by the DEA.</p>	<p style="text-align: right;">Page 208</p> <p>1 question." Right?</p> <p>2 MS. MAINIGI: No.</p> <p>3 MR. FARRELL: That's the wrong thing.</p> <p>4 MS. MAINIGI: Let's see where your</p> <p>5 question is pending.</p> <p>6 Let's see. The last thing I believe you</p> <p>7 said, "You're good. You've got this down. Let's</p> <p>8 get to multiple choice since I can't get the</p> <p>9 fill-in-the-blank."</p> <p>10 I think that was the precursor to</p> <p>11 something or other, but there's no question</p> <p>12 pending, so I'd like to take a break.</p> <p>13 MR. FARRELL: There is a question</p> <p>14 pending, and so I'm going to object to breaking</p> <p>15 while this subject matter is pending.</p> <p>16 MS. MAINIGI: Okay. You can't object to</p> <p>17 that. I would like to go off the record.</p> <p>18 THE VIDEOGRAPHER: The time is now 2:32.</p> <p>19 Going off the record.</p> <p>20 (Recess taken.)</p> <p>21 THE VIDEOGRAPHER: The time is now 2:54.</p> <p>22 Back on the record.</p> <p>23 MS. MAINIGI: Counsel, I did notify</p> <p>24 Mr. Cohen of what we thought was inappropriate</p>
<p style="text-align: right;">Page 207</p> <p>1 Q. So let's play fill-in-the-blank.</p> <p>2 Halting a suspicious order is?</p> <p>3 MS. MAINIGI: Objection to form.</p> <p>4 Objection; scope.</p> <p>5 Q. Fill in the blank.</p> <p>6 A. An obligation that Cardinal Health has</p> <p>7 under the guidance provided by the DEA.</p> <p>8 Q. You're good. I mean, you've got this</p> <p>9 down. Let's get to -- let's get to a multiple</p> <p>10 choice since I can't get the fill-in-the-blank.</p> <p>11 MS. MAINIGI: You know what? I'd like</p> <p>12 to take a break.</p> <p>13 MR. FARRELL: Well, I'm almost done.</p> <p>14 MS. MAINIGI: I'd like to take a break.</p> <p>15 MR. FARRELL: Yeah, as soon as I finish</p> <p>16 my question that's pending. Because if we break</p> <p>17 right now, you can't talk to her --</p> <p>18 MS. MAINIGI: That's fine.</p> <p>19 MR. FARRELL: -- while there's a</p> <p>20 question pending.</p> <p>21 MS. MAINIGI: I don't need to talk to</p> <p>22 her. I don't think there's a question pending.</p> <p>23 What is the question pending?</p> <p>24 MR. FARRELL: She says, "Repeat the</p>	<p style="text-align: right;">Page 209</p> <p>1 behavior on your behalf. We are moving forward,</p> <p>2 but I think he's available later if we feel the</p> <p>3 need to engage him.</p> <p>4 MR. FARRELL: Understood.</p> <p>5 - - -</p> <p>6 (Cardinal-Norris Exhibit 18 marked.)</p> <p>7 - - -</p> <p>8 BY MR. FARRELL:</p> <p>9 Q. I'm going to have marked next which is</p> <p>10 Plaintiff's Exhibit 18. It is Bates-stamped</p> <p>11 ABDC_MDL_00278063. And I'm going to show it to</p> <p>12 you and ask if you've seen this document before.</p> <p>13 MS. MAINIGI: Counsel, did you receive</p> <p>14 permission from ABDC to utilize this at the</p> <p>15 deposition?</p> <p>16 MR. FARRELL: I did not, nor do I think</p> <p>17 I need to under 33M of the protective order.</p> <p>18 MS. MAINIGI: Okay. We will check that</p> <p>19 while you're questioning. I believe the process</p> <p>20 at least is that you do need to get permission,</p> <p>21 but we'll let you keep going for now, and if</p> <p>22 there's a dispute about that, we'll take it up.</p> <p>23 MR. FARRELL: It's marked as</p> <p>24 confidential. And under 33M, what it states is</p>

<p style="text-align: right;">Page 210</p> <p>1 that there are limitations on use, and one of the</p> <p>2 exceptions is it can be used with in-house counsel</p> <p>3 as well as parties.</p> <p>4 So my interpretation of the rule is</p> <p>5 since this is an HDMA document, it isn't an</p> <p>6 internal document from AmerisourceBergen or an</p> <p>7 internal trade secret or proprietary information.</p> <p>8 And, in fact, on page 2 of the document, it</p> <p>9 indicates that Cardinal Health was a part of the</p> <p>10 crisis executive committee.</p> <p>11 BY MR. FARRELL:</p> <p>12 Q. So if you want to take a minute to</p> <p>13 review it, you can do so.</p> <p>14 MS. MAINIGI: Well, I'll certainly let</p> <p>15 the witness review it, but we'll take your</p> <p>16 position under advisement and let you keep going.</p> <p>17 Can you identify the year this document</p> <p>18 is from?</p> <p>19 MR. FULLER: Only from metadata.</p> <p>20 MS. MAINIGI: And what did you conclude?</p> <p>21 MR. FULLER: April 25, 2013. It was an</p> <p>22 attachment to an e-mail.</p> <p>23 BY MR. FARRELL:</p> <p>24 Q. I'm not going to spend a tremendous</p>	<p style="text-align: right;">Page 212</p> <p>1 A. Agreed.</p> <p>2 Q. On page 3, it identifies the objectives</p> <p>3 of this Crisis Playbook, and would you read the</p> <p>4 first two.</p> <p>5 A. "Provide clear" --</p> <p>6 MS. MAINIGI: Excuse me. Objection;</p> <p>7 scope.</p> <p>8 A. "Provide clear guidelines for</p> <p>9 classifying crisis situations. Define roles and</p> <p>10 responsibilities in a crisis situation."</p> <p>11 Q. And read the very last entry point.</p> <p>12 MS. MAINIGI: Objection; scope.</p> <p>13 A. "Have ready-to-use response materials on</p> <p>14 hand for high risk scenarios."</p> <p>15 Q. Now, this was created in the year 2013,</p> <p>16 and as Cardinal Health, are you familiar with it</p> <p>17 at all?</p> <p>18 MS. MAINIGI: Objection; scope.</p> <p>19 A. I am not.</p> <p>20 Q. If you flip to page 4 where it says</p> <p>21 "Communicate Early." Can you read that aloud?</p> <p>22 A. "Getting ahead of an issue, or getting</p> <p>23 your message across as early as possible, is</p> <p>24 always -- almost always the best way to minimize</p>
<p style="text-align: right;">Page 211</p> <p>1 amount of time on this document.</p> <p>2 A. That's fine. I'm sorry. I've never</p> <p>3 seen this document before, so I'm not even clear</p> <p>4 exactly what the purpose of it is. So I just</p> <p>5 wanted to make sure I at least --</p> <p>6 Q. I'll walk you through some of the</p> <p>7 highlights.</p> <p>8 Will you identify the title of this</p> <p>9 document?</p> <p>10 A. The title on the front page is "Crisis</p> <p>11 Playbook: An Interactive Guide to Crisis</p> <p>12 Communications."</p> <p>13 Q. And it's published by whom?</p> <p>14 A. HDMA is listed on the front.</p> <p>15 Q. And, again, this is the trade</p> <p>16 organization which includes as its members, and on</p> <p>17 the executive committee, Cardinal Health?</p> <p>18 A. Yes.</p> <p>19 Q. And if you look on page 2, you'll notice</p> <p>20 that the Core Crisis Team is identified, and it</p> <p>21 appears to be internal employees of HDMA. And</p> <p>22 underneath it is the executive committee, and at</p> <p>23 the time, it identifies Mark -- or Mike Kaufmann</p> <p>24 from Cardinal Health, agreed?</p>	<p style="text-align: right;">Page 213</p> <p>1 damage from a negative event."</p> <p>2 Q. And then over where it says "Express</p> <p>3 emotion appropriately," would you read that aloud?</p> <p>4 A. "The public demands more than the letter</p> <p>5 of the law or minimum adherence to regulations."</p> <p>6 Q. You understand that today I am</p> <p>7 representing a number of different public entities</p> <p>8 that are, in fact, demanding more than recitation</p> <p>9 of your adherence to regulations?</p> <p>10 MS. MAINIGI: Objection; scope, if that</p> <p>11 is a question.</p> <p>12 Q. The very thing that's in this crisis</p> <p>13 plan management is what you've been repeating</p> <p>14 today; would you agree with that?</p> <p>15 MS. MAINIGI: Objection; scope.</p> <p>16 Objection; form.</p> <p>17 A. I don't agree with that.</p> <p>18 Q. So we'll flip all the way over to page</p> <p>19 12, Communications Approach.</p> <p>20 MS. MAINIGI: Can you give us the Bates</p> <p>21 number, please --</p> <p>22 MR. FARRELL: I gave you my copy.</p> <p>23 MS. MAINIGI: -- because there's no page</p> <p>24 numbers.</p>



<p style="text-align: right;">Page 214</p> <p>1 THE WITNESS: I don't see a page number.</p> <p>2 MS. VELDMAN: 74 is the last four</p> <p>3 digits, 74.</p> <p>4 THE WITNESS: 74?</p> <p>5 MS. VELDMAN: The last two digits on the</p> <p>6 bottom.</p> <p>7 BY MR. FARRELL:</p> <p>8 Q. So as of 2013, this crisis management</p> <p>9 plan provided by HDMA to its members includes a</p> <p>10 consideration of being able to drive the narrative</p> <p>11 in a crisis.</p> <p>12 Do you see that?</p> <p>13 MS. MAINIGI: Objection; scope.</p> <p>14 A. I see a comment that says, "If you</p> <p>15 announce first, to what extent will you be able to</p> <p>16 drive the narrative?"</p> <p>17 Q. If you flip to the next page, you'll see</p> <p>18 in 2013, HDMA has already used this chart to run a</p> <p>19 risk analysis of the controlled substance</p> <p>20 diversion issue.</p> <p>21 Do you see that?</p> <p>22 MS. MAINIGI: Objection; scope.</p> <p>23 A. I see the bullet point.</p> <p>24 Q. Are you aware of whether or not HDMA</p>	<p style="text-align: right;">Page 216</p> <p>1 Objection; scope.</p> <p>2 A. I do not know.</p> <p>3 MR. FARRELL: Exhibit page 19?</p> <p>4 MS. VELDMAN: 81.</p> <p>5 BY MR. FARRELL:</p> <p>6 Q. The last three digits are 081,</p> <p>7 Third-Party Outreach. It says, "Identify</p> <p>8 potential third parties who could speak</p> <p>9 knowledgeably about the issue by noting individuals</p> <p>10 or groups who have commented on the issue in news</p> <p>11 coverage, at conferences, or in published</p> <p>12 materials."</p> <p>13 Are you aware of any such coordinated</p> <p>14 activity?</p> <p>15 MS. MAINIGI: Objection; scope.</p> <p>16 A. I am not.</p> <p>17 MR. FARRELL: Exhibit page 24?</p> <p>18 MS. VELDMAN: 86.</p> <p>19 BY MR. FARRELL:</p> <p>20 Q. 086 on the Bates stamp. This Crisis</p> <p>21 Playbook identifies six issues related to</p> <p>22 diversion. If you flip to the next page, Scenario</p> <p>23 1 is a DEA Registration Suspension.</p> <p>24 A. I see "Scenario 1: DEA Registration</p>
<p style="text-align: right;">Page 215</p> <p>1 circulated to Cardinal Health bullet points to</p> <p>2 discuss diversion lawsuits or diversion issues?</p> <p>3 MS. MAINIGI: Objection; scope.</p> <p>4 A. I am not.</p> <p>5 Q. Flip to --</p> <p>6 MR. FARRELL: It's my 16.</p> <p>7 MS. VELDMAN: 16? On the top?</p> <p>8 MR. FARRELL: Yeah.</p> <p>9 MS. VELDMAN: Okay. 78.</p> <p>10 MS. MAINIGI: Thank you.</p> <p>11 BY MR. FARRELL:</p> <p>12 Q. On the last -- the page that's</p> <p>13 documented 078, Core Messaging. It says, "Draft</p> <p>14 topline messages, consisting of three to five</p> <p>15 message points that give an overview of the full</p> <p>16 narrative and that will likely be included in all</p> <p>17 communication materials."</p> <p>18 Are you aware of whether or not HDMA</p> <p>19 coordinated with its members, including the big</p> <p>20 three and those that are on the executive</p> <p>21 committee, to coordinate core messaging related to</p> <p>22 diversion or diversion lawsuits?</p> <p>23 A. I do not know.</p> <p>24 MS. MAINIGI: Objection. Excuse me.</p>	<p style="text-align: right;">Page 217</p> <p>1 Suspension."</p> <p>2 Q. So if, in fact, this document was</p> <p>3 created in 2013, this is after the DEA's attempt</p> <p>4 to revoke Cardinal Health's registration, agreed?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 Objection; form.</p> <p>7 A. This is after the 2012 action taken by</p> <p>8 the DEA.</p> <p>9 Q. But before the 2016 fine assessed by the</p> <p>10 DEA?</p> <p>11 A. Before the 2016 settlement agreement,</p> <p>12 yes.</p> <p>13 Q. And at the top right-hand corner, what</p> <p>14 you'll see is one of the key considerations.</p> <p>15 Would you read that aloud?</p> <p>16 A. "Does this present an opportunity for</p> <p>17 HDMA to proactively push its message of</p> <p>18 misdirected DEA enforcement with national media."</p> <p>19 Q. Has Cardinal Health engaged in proactive</p> <p>20 efforts to shift the message toward misdirected</p> <p>21 DEA enforcement?</p> <p>22 MS. MAINIGI: Objection; scope.</p> <p>23 Objection; form.</p> <p>24 A. I do not recall specifically, no.</p>

<p style="text-align: right;">Page 218</p> <p>1 Q. If, in fact, Cardinal Health has in the</p> <p>2 past intervening five years attempted to direct</p> <p>3 blame toward the DEA, you would agree that it</p> <p>4 happens to coincide with the 2013 playbook?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 Objection; form.</p> <p>7 A. Just because HDMA published a playbook</p> <p>8 that I know Mike Kaufmann was on the executive</p> <p>9 committee does not mean that that's necessarily</p> <p>10 how Cardinal Health handled its communications</p> <p>11 related to the issue at hand.</p> <p>12 Q. If you flip to the next page, "Scenario</p> <p>13 1: DEA Registration Suspension," there's a "Tough</p> <p>14 Q&amp;A" question. So this is a playbook that HDMA,</p> <p>15 your trade group, circulated amongst its members,</p> <p>16 including Cardinal Health, and it's how to react</p> <p>17 in the media if one of your members gets its</p> <p>18 registration suspended.</p> <p>19 And one of the tough questions it was</p> <p>20 prepping its members for is, if it's asked, "What</p> <p>21 is HDMA's perspective on the registration</p> <p>22 suspension? Was this action warranted?"</p> <p>23 Would you read the next sentence?</p> <p>24 MS. MAINIGI: Objection; scope.</p>	<p style="text-align: right;">Page 220</p> <p>1 highlighted portion that states, "Although</p> <p>2 distributors do not dispense drugs directly to</p> <p>3 patients and do not have" --</p> <p>4 MS. MAINIGI: There's nothing</p> <p>5 highlighted. I'm sorry to interrupt, but you said</p> <p>6 look at the highlighted. We don't see anything</p> <p>7 highlighted.</p> <p>8 A. I see the sentence that begins "Although</p> <p>9 distributors."</p> <p>10 Q. We lost our screen somehow, so let me</p> <p>11 just read it out loud. "Although distributors do</p> <p>12 not dispense drugs directly to patients and do not</p> <p>13 have access to individual patient information, we</p> <p>14 share a common goal with doctors, pharmacists,</p> <p>15 manufacturers, law enforcement, and policymakers</p> <p>16 to ensure a safe and sufficient supply of</p> <p>17 medicines for patients in need while keeping</p> <p>18 prescription drugs out of the hands of individuals</p> <p>19 who abuse them."</p> <p>20 This is a 2013 statement that mimics a</p> <p>21 very good amount of the things you've been saying</p> <p>22 here today, doesn't it?</p> <p>23 MS. MAINIGI: Objection; form.</p> <p>24 Objection; scope. Objection; argumentative.</p>
<p style="text-align: right;">Page 219</p> <p>1 Objection; form.</p> <p>2 A. "HDMA is not familiar with the</p> <p>3 particulars of this situation, but we are</p> <p>4 disappointed that the DEA appears to be pursuing a</p> <p>5 path of conflict rather than collaboration with</p> <p>6 our industry."</p> <p>7 Q. So, again, in 2013, this is HDMA</p> <p>8 advising its constituents, including Cardinal</p> <p>9 Health, to push the message that the DEA's</p> <p>10 enforcement actions are paths of conflict rather</p> <p>11 than collaboration?</p> <p>12 MS. MAINIGI: Objection; scope.</p> <p>13 Objection; form.</p> <p>14 A. It's providing guidance to the HDMA</p> <p>15 members that the HDMA members can then choose to</p> <p>16 use at their discretion.</p> <p>17 MR. FARRELL: Exhibit page 28?</p> <p>18 MS. VELDMAN: 90.</p> <p>19 BY MR. FARRELL:</p> <p>20 Q. 090 Bates stamp page. Literally this is</p> <p>21 a scenario in 2013 on how its members, including</p> <p>22 Cardinal Health, should respond in the media to</p> <p>23 lawsuits on diversion. And if you look over on</p> <p>24 the right-hand side of the draft statement, the</p>	<p style="text-align: right;">Page 221</p> <p>1 A. This language is generally aligned with</p> <p>2 the understanding that Cardinal Health has a</p> <p>3 certain obligation in the supply chain, and it</p> <p>4 follows the statute, regulations, guidance that</p> <p>5 govern that.</p> <p>6 Q. And if you flip to the next page. The</p> <p>7 second sentence of the second paragraph is</p> <p>8 literally what you just said. It says, "We can</p> <p>9 tell you that our members are registered with the</p> <p>10 DEA and follow rigorous statutory and regulatory</p> <p>11 requirements to detect and prevent diversion."</p> <p>12 Do you see that?</p> <p>13 MS. MAINIGI: Objection; scope.</p> <p>14 A. No. I'm sorry. I don't see it. Which</p> <p>15 paragraph?</p> <p>16 Q. It's the second full paragraph in the</p> <p>17 left-hand column, the second sentence. "We can</p> <p>18 tell you ..."</p> <p>19 A. And I'm sorry. What was your question?</p> <p>20 Q. That's literally what you've been saying</p> <p>21 all day today, and it's written in the 2013 crisis</p> <p>22 handbook.</p> <p>23 MS. MAINIGI: Objection; form.</p> <p>24 Objection; argumentative. Objection; scope.</p>

<p style="text-align: right;">Page 222</p> <p>1 A. Okay.</p> <p>2 Q. And if you flip to 32.</p> <p>3 MS. VELDMAN: Page 94 on the bottom.</p> <p>4 MR. FARRELL: Mine doesn't have a Bates</p> <p>5 stamp.</p> <p>6 THE VIDEOGRAPHER: Okay. Page 94.</p> <p>7 MS. MAINIGI: 91?</p> <p>8 THE WITNESS: 94.</p> <p>9 MS. VELDMAN: 094.</p> <p>10 MS. MAINIGI: Okay.</p> <p>11 BY MR. FARRELL:</p> <p>12 Q. 094.</p> <p>13 A. Yes.</p> <p>14 Q. So what is Scenario 4 that HDMA is</p> <p>15 preparing for back in 2013?</p> <p>16 MS. MAINIGI: Objection; scope.</p> <p>17 A. The title of the page is "Scenario 4:</p> <p>18 Congressional Inquiry."</p> <p>19 Q. So five years before Congress subpoenaed</p> <p>20 Cardinal Health, McKesson, AmerisourceBergen, H.D.</p> <p>21 Smith and Miami-Luken, HDMA was ahead of the wave</p> <p>22 and already prepping and preparing and advising</p> <p>23 for media statements regarding a Congressional</p> <p>24 inquiry.</p>	<p style="text-align: right;">Page 224</p> <p>1 A. And I'm sorry. Which question are you</p> <p>2 looking at?</p> <p>3 Q. The very first question. And I'm going</p> <p>4 to direct your attention to the answer. And this</p> <p>5 will be my hand-off point to Mr. Fuller to go back</p> <p>6 to -- it's a perfect transition.</p> <p>7 It states in the second full sentence of</p> <p>8 the second paragraph, "Every distributor must</p> <p>9 monitor suspicious orders and report to the DEA if</p> <p>10 it appears a pharmacy's controlled substances</p> <p>11 volume or pattern of ordering might signal</p> <p>12 diversion."</p> <p>13 So, again, in 2013, this is what the</p> <p>14 HDMA, your trade group, is advising you to do or</p> <p>15 what to say about your duties if asked by</p> <p>16 Congress, agreed?</p> <p>17 MS. MAINIGI: Objection; form, scope,</p> <p>18 argumentative.</p> <p>19 A. It's guidance they provided. If we're</p> <p>20 testifying in front of Congress, we'll say what we</p> <p>21 actually do.</p> <p>22 - - -</p> <p>23 CROSS-EXAMINATION (CONT'D.)</p> <p>24</p>
<p style="text-align: right;">Page 223</p> <p>1 Do you agree with that?</p> <p>2 MS. MAINIGI: Objection; argumentative.</p> <p>3 Objection; form. Objection; scope.</p> <p>4 A. The document covers Congressional</p> <p>5 inquiry. And, again, it's guidance to be provided</p> <p>6 to the members that the members can use at their</p> <p>7 discretion.</p> <p>8 Q. Five years before Congress had an</p> <p>9 inquiry?</p> <p>10 MS. MAINIGI: Objection; form.</p> <p>11 Objection; scope. Objection; argumentative.</p> <p>12 A. Yes, five years prior to the inquiry</p> <p>13 you're referencing.</p> <p>14 Q. Now, under "Tough Q&amp;A," there's a</p> <p>15 question and then the second full sentence that</p> <p>16 starts "Every distributor."</p> <p>17 MS. MAINIGI: Can you tell us where you</p> <p>18 are?</p> <p>19 MS. VELDMAN: It's 095.</p> <p>20 MR. FARRELL: It's the same page.</p> <p>21 MS. MAINIGI: No, it's a different page.</p> <p>22 MS. VELDMAN: It's 095.</p> <p>23 MR. FARRELL: Did I flip pages? Oh,</p> <p>24 yeah, she's right. 095.</p>	<p style="text-align: right;">Page 225</p> <p>1 BY MR. FULLER:</p> <p>2 Q. All right, Ms. Norris. Then let's talk</p> <p>3 about what you guys actually did.</p> <p>4 Cardinal is required to have a</p> <p>5 suspicious order monitoring program; is that</p> <p>6 correct?</p> <p>7 A. Cardinal is required to report</p> <p>8 suspicious orders, and then as clarified and</p> <p>9 promulgated in the 2006-'07 Rannazzisi letters, to</p> <p>10 not ship the suspicious orders.</p> <p>11 Q. Is Cardinal required to have a</p> <p>12 suspicious order monitoring program?</p> <p>13 A. Cardinal Health is required --</p> <p>14 Q. No, I know the suspicious order</p> <p>15 requirement. I'm talking about a suspicious order</p> <p>16 monitoring program. Is Cardinal Health required</p> <p>17 to have one?</p> <p>18 MS. MAINIGI: Objection; form.</p> <p>19 A. Cardinal Health is required to comply</p> <p>20 with the statute that it is to report suspicious</p> <p>21 orders. If it designs a program called suspicious</p> <p>22 order monitoring system, that's the method in</p> <p>23 which we're complying with our obligation to --</p> <p>24 part of the way we're complying with our</p>

<p style="text-align: right;">Page 226</p> <p>1 obligation to report the suspicious orders as  2 required by the statute -- the regulation. Sorry.  3 Q. Does Cardinal have a suspicious order  4 monitoring program?  5 A. It does.  6 Q. And when did it first create it?  7 MS. MAINIGI: Objection; time period.  8 A. Cardinal Health has had a suspicious  9 order monitoring system specifically since about  10 2007.  11 Q. So prior to 2007, Cardinal Health did  12 not have a specific suspicious order monitoring  13 program --  14 MS. MAINIGI: Object.  15 Q. -- is that correct?  16 MS. MAINIGI: Excuse me. Objection;  17 form.  18 A. Cardinal Health maintained the program  19 as it understood as directed by the DEA to report  20 the orders pursuant to the ingredient limit  21 reports we talked about this morning, as well as  22 the excessive order reports. But as far as an  23 electronic suspicious order monitoring system, our  24 program evolved in 2007 to include that.</p>	<p style="text-align: right;">Page 228</p> <p>1 reports, the ingredient limit reports, the ARCOS  2 reports, the excessive limit reports. Again, the  3 ingredient limit report and ARCOS reports were  4 electronic. Beginning in 2007, as the program  5 evolved, we developed the actual electronic order  6 monitoring of our customers.  7 Q. Okay.  8 ---  9 (Cardinal-Norris Exhibit 19 marked.)  10 ---  11 Q. So Norris 62 -- I'm sorry it's so big  12 and bulky, but it is what it is. It's now going  13 to be marked as Plaintiff's Number 19.  14 MR. FULLER: Right?  15 BY MR. FULLER:  16 Q. 19. And have you seen this document  17 before?  18 A. Yes. I believe this is the document  19 I've seen.  20 MR. FULLER: Okay. And for the record,  21 it is CAH_MDL_PRIORPROD_DEA07_01383895.  22 ---  23 (Cardinal-Norris Exhibit 20 marked.)  24 ---</p>
<p style="text-align: right;">Page 227</p> <p>1 Q. So prior to 2007, Cardinal was not  2 monitoring suspicious orders electronically; can  3 we agree on that?  4 A. No. Cardinal Health -- the reports were  5 generated electronically, the ingredient limit  6 reports, as well as the ARCOS reports actually,  7 but --  8 (Reporter clarification.)  9 A. As well as the ARCOS reports. So they  10 were produced electronically.  11 Q. You mentioned "the ARCOS reports."  12 Those are basically data dumps into the DEA of the  13 ARCOS required data; is that correct?  14 A. Those are the --  15 MS. MAINIGI: Excuse me. Objection;  16 form and scope.  17 A. Those are the reports that we are  18 required to submit by the DEA, which we do.  19 Q. Let me ask it a little differently.  20 So prior to 2007, there was no system  21 for electronically monitoring or analyzing orders,  22 correct?  23 MS. MAINIGI: Objection.  24 A. Prior to 2007, we were submitting the</p>	<p style="text-align: right;">Page 229</p> <p>1 MR. FULLER: Now I'm going to hand  2 counsel what is Norris Exhibit 63, Plaintiff's  3 Exhibit Number 20, which for the record has a  4 Bates number similar. Although, it's  5 HOUSE_0002197.  6 BY MR. FULLER:  7 Q. I'm going to try to simplify things just  8 a little bit. If you'll flip to page 43 of the  9 book, which is Number 19. Is that the same as  10 what I've handed you as Plaintiff's Exhibit Number  11 20?  12 MS. MAINIGI: 43 of the manual?  13 MR. FULLER: It looks more like a book  14 to me.  15 A. It doesn't look to be exactly the same.  16 This has 71 in the bottom, not 51. I believe what  17 you're actually looking for is page 144.  18 Q. I'm sorry.  19 A. That would match what you provided me  20 separately.  21 Q. Help me out where you're at.  22 A. Page 144 of the manual you provided to  23 me actually matches with the excerpt you provided  24 separately as Exhibit 20.</p>



Page 230

1 Q. Yes. All right. And this -- thank you.  
 2 And this manual, did Cardinal create this?  
 3 A. To the best of my knowledge, yes.  
 4 Q. It wasn't created by the DEA, to your  
 5 knowledge?  
 6 A. I don't believe so. Although, DEA --  
 7 references to DEA regulations are included in the  
 8 manual.  
 9 Q. Certainly. And this was created in, I  
 10 think you said what, 2000?  
 11 A. The date on the bottom is 4/ or 5/2000.  
 12 I do not know if that is the creation date.  
 13 There's multiple dates. For instance, I see 1995,  
 14 1999, 1998, 1995. So I actually don't know when  
 15 the manual was created as a whole.  
 16 Q. And is it your understanding that this  
 17 was the policy and procedure, suspicious order  
 18 monitoring manual, whatever you want to call it,  
 19 that was in place for Cardinal from approximately  
 20 April of 2000 until sometime in 2006?  
 21 A. Are you referring to the excerpt?  
 22 Q. Yes, ma'am. We can refer to it either  
 23 way, whether --  
 24 A. Well, I just wanted to make sure you

Page 231

1 weren't referring to something else in the manual.  
 2 Q. No, ma'am. Either the excerpt or the  
 3 pages that are the same in the manual.  
 4 A. This is our required reports to the DEA.  
 5 At this time it was a report only requirement, and  
 6 this is -- this is what represented our  
 7 requirements under that.  
 8 Q. Sure. And I'm trying to find out  
 9 what -- and you call them SOPs, right, standard  
 10 operating procedures?  
 11 A. Call what SOPs?  
 12 Q. Policies and procedures that you have  
 13 within Cardinal.  
 14 MS. MAINIGI: Objection; form.  
 15 Q. Do you not refer to them as SOPs?  
 16 MS. MAINIGI: Objection; form.  
 17 A. I guess sometimes we do.  
 18 Q. Okay.  
 19 A. Yeah.  
 20 Q. Because the more recent ones have -- say  
 21 SOP?  
 22 A. I believe so, yes.  
 23 Q. Okay. So what do you guys refer to  
 24 this -- and I say "you guys." What does Cardinal

Page 232

1 refer to this document as?  
 2 MS. MAINIGI: Objection; form.  
 3 Q. And we'll go with this one.  
 4 A. This is our DEA compliance manual.  
 5 Q. Okay. And is it the equivalent of the  
 6 standard operating procedures or the policies and  
 7 procedures that Cardinal had in place from  
 8 approximately April of 2000 until sometime in  
 9 2006?  
 10 MS. MAINIGI: Objection; time period.  
 11 Objection; form.  
 12 A. I believe there is a later version  
 13 before 2006 of, for example, this required reports  
 14 to the DEA. But beginning in 2000 until the later  
 15 version came into effect, this was the --  
 16 Q. And when do you believe that later  
 17 version was?  
 18 A. I believe it was 2005.  
 19 Q. And do you recollect -- have you  
 20 reviewed that document?  
 21 A. I have reviewed the -- yes, I have --  
 22 and specifically the excerpt related to required  
 23 reports to DEA. I believe at that point, it's  
 24 more clearly labeled SOP or policy and procedure,

Page 233

1 something like that.  
 2 Q. Okay. So then this was in place from  
 3 2000 until sometime during 2005?  
 4 MS. MAINIGI: Objection; time period.  
 5 A. This particular provision, yes.  
 6 Q. This manual?  
 7 A. Again, the entire manual has other dates  
 8 that predate 2000, so -- and I don't know if,  
 9 like, this particular provision -- I'm sorry. I  
 10 know the record can't see me showing it. The  
 11 excerpt required reports to the DEA like that. I  
 12 know that there's a particular later policy on  
 13 that, 2005-ish. I don't know as to all of the  
 14 other pieces of this manual.  
 15 Q. Fair enough. As it relates to what  
 16 we're talking about, suspicious order, controlled  
 17 substance monitoring, we know this excerpt is what  
 18 was in place from 2000 until approximately 2005?  
 19 MS. MAINIGI: Objection; time period.  
 20 A. Yes.  
 21 Q. Okay. And it's Cardinal's position  
 22 during this time frame that they only had a  
 23 reporting requirement, not a shipping requirement,  
 24 correct?

<p style="text-align: right;">Page 234</p> <p>1 A. That is correct. The guidance we'd 2 received from the DEA was report only. 3 MR. FULLER: Next we'll mark 21 and 22. 4 - - - 5 (Cardinal-Norris Exhibits 21 and 22 marked.) 6 - - - 7 MR. FULLER: All right. 21 for the 8 record is going to be Norris 61, Norris 61. And 9 it's going to be, again, Plaintiff's Exhibit 10 Number 21. It's got a Bates number on it -- I'm 11 going to shorten it -- DEA07_01188323. 12 Exhibit 22 is going to be Norris 67, 13 Gina. And it's DEA07_01188147. 14 BY MR. FULLER: 15 Q. And on the standard operating procedures 16 manual that I've now marked 21 -- and I think you 17 have a subpart of that as 22; is that right? I 18 think the subpart comes from about page 86. 19 MS. MAINIGI: Is 22 a subpart of 21? 20 MR. FULLER: I believe so, but we're 21 going to make sure. 22 MS. MAINIGI: That's the question. 23 A. Yes, that appears to be correct. 24 Q. Okay. And I'm going to combine this</p>	<p style="text-align: right;">Page 236</p> <p>1 Q. If you're spending three weeks, I 2 suspect you did. 3 And Exhibit 22 is signed off on and 4 approved by who? 5 A. Steve Reardon. 6 Q. And who is Steve Reardon? 7 A. He's listed as our vice president, 8 quality and regulatory affairs. 9 Q. Now, is it Cardinal's position at this 10 point in time that it was still just a reporting 11 requirement, no shipping requirement? 12 A. Yes. 13 Q. Did Cardinal have at this point in time 14 a suspicious order monitoring program? 15 A. Cardinal Health had the anti-diversion 16 program in place at the time that I've previously 17 discussed that required reports to the DEA, as 18 well as the -- the ARCOS, the ingredient limit 19 reports, the excessive order reports, and that was 20 our obligation pursuant to reporting of suspicious 21 orders, as we understood it, from the DEA. 22 Q. And if you turn to -- and, again, I'm on 23 Exhibit 22. Turn to page 5, down there near the 24 bottom, Number 5.</p>
<p style="text-align: right;">Page 235</p> <p>1 question for 19, 20, 21, and 22. You have 2 reviewed all these documents before, correct, 3 prior to coming here today? 4 A. I have. 5 Q. These appear to be a duplicate copy of 6 what you reviewed, correct? 7 A. They do. 8 Q. Okay. These are -- whether you want to 9 refer to them as policies and procedures or 10 standard operating procedures, which this one 11 says, they are documents that Cardinal maintained 12 in the normal course of business; is that true? 13 MS. MAINIGI: Objection; form. 14 A. Yes. 15 Q. And, to your knowledge, these are fair 16 and accurate representations of what was in place 17 at the time, correct? 18 A. To my knowledge. 19 Q. Now, you mentioned an '05, and I haven't 20 seen an '05, and that's why I wanted to try to 21 clarify with Exhibit 22. 22 A. I apologize. It's '06. 23 Q. Okay. 24 A. I looked at a lot of documents.</p>	<p style="text-align: right;">Page 237</p> <p>1 A. Yes. 2 Q. Now, does that set out what Cardinal 3 believed to be its suspicious order obligation at 4 that time? 5 A. Yes. 6 Q. Then around the 2005-2006 time frame, 7 Cardinal Health had an issue arise in New York, 8 correct? 9 MS. MAINIGI: Objection to form. 10 A. Can you be more specific? 11 Q. Yes, ma'am. The New York Attorney 12 General brought an action against Cardinal related 13 to secondary sources for medication, as well as 14 potential diversion; is that right? 15 A. Yes, I believe potential price 16 diversion. 17 Q. And that agreement, let me ask, was 18 actually executed I'll represent to you in 19 December of '06, but the investigation began in 20 2005. 21 In February 2006, Cardinal puts in place 22 a new anti-diversion compliance policy. Do you 23 see that? Oh, I'm sorry. It's Norris 57. 24 - - -</p>

<p style="text-align: right;">Page 238</p> <p>1 (Cardinal-Norris Exhibit 23 marked.)</p> <p>2 - - -</p> <p>3 A. I see that that's the title of it. Can</p> <p>4 you give me a second to review it? I've not seen</p> <p>5 this particular policy.</p> <p>6 Q. And I'll apologize. I tried to print</p> <p>7 off with the Bates number at the bottom, but I</p> <p>8 wasn't competent to do that.</p> <p>9 MS. MAINIGI: Is this from our</p> <p>10 production?</p> <p>11 MR. FULLER: Yes, ma'am.</p> <p>12 MS. MAINIGI: Okay.</p> <p>13 MR. FULLER: And as I just mentioned, I</p> <p>14 apologize, I couldn't get it to print with a Bates</p> <p>15 number.</p> <p>16 Ms. Wadhvani, this is the one you</p> <p>17 pointed out to me some time ago.</p> <p>18 A. Okay.</p> <p>19 Q. So this anti-diversion compliance policy</p> <p>20 was enacted in February of 2006; is that correct?</p> <p>21 A. Yes.</p> <p>22 Q. And this is another policy and procedure</p> <p>23 that Cardinal keeps in the normal course of</p> <p>24 business?</p>	<p style="text-align: right;">Page 240</p> <p>1 Q. The price diversion is someone buying at</p> <p>2 a discounted rate from Cardinal and turning around</p> <p>3 and selling them on the open market at a higher</p> <p>4 price, right?</p> <p>5 MS. MAINIGI: Objection; form and scope.</p> <p>6 A. Correct.</p> <p>7 Q. Now, it still leaves open the issue of</p> <p>8 diversion; does it not?</p> <p>9 MS. MAINIGI: Objection; form.</p> <p>10 A. I don't know what you mean by "open."</p> <p>11 At this time, we still have our policy in place</p> <p>12 regarding our required reporting to the DEA to</p> <p>13 comply with our obligations under the controlled</p> <p>14 substance regulations and guidance.</p> <p>15 - - -</p> <p>16 (Cardinal-Norris Exhibit 24 marked.)</p> <p>17 - - -</p> <p>18 Q. Yes, ma'am. And when we talk about --</p> <p>19 well, let's just move to it.</p> <p>20 Here's that New York agreement. And,</p> <p>21 again, this was not produced. At least the copy I</p> <p>22 pulled was pulled off the Internet. And it's</p> <p>23 Norris 30.</p> <p>24 In your review and preparation, have you</p>
<p style="text-align: right;">Page 239</p> <p>1 A. Yes.</p> <p>2 Q. And I'll represent to you it was</p> <p>3 provided by counsel related to some prior</p> <p>4 productions, okay?</p> <p>5 A. Okay.</p> <p>6 Q. And you had indicated you have not seen</p> <p>7 this one prior to today; is that correct?</p> <p>8 A. I don't believe so. I don't recall</p> <p>9 seeing this particular one.</p> <p>10 Q. And it is for basically exclusively</p> <p>11 closed-door pharmacies; is that right?</p> <p>12 A. Yes.</p> <p>13 Q. The issue with closed-door pharmacies</p> <p>14 was price diversion; is that correct?</p> <p>15 A. That is correct.</p> <p>16 MS. MAINIGI: Objection; form.</p> <p>17 Q. And in --</p> <p>18 A. Correct.</p> <p>19 MR. FULLER: I'm sorry.</p> <p>20 MS. MAINIGI: Objection; form. Sorry.</p> <p>21 Objection; form. Objection; scope.</p> <p>22 Go ahead.</p> <p>23 A. That is correct. That's my</p> <p>24 understanding, yes.</p>	<p style="text-align: right;">Page 241</p> <p>1 seen this agreement before?</p> <p>2 A. In my review and preparation, no.</p> <p>3 Q. But you were yet aware of it, correct?</p> <p>4 A. Yes.</p> <p>5 Q. Why didn't you review this document?</p> <p>6 MS. MAINIGI: Objection; scope and</p> <p>7 perhaps privileged.</p> <p>8 Q. Don't need to tell me anything counsel</p> <p>9 said. I'm not concerned about that. Let me ask</p> <p>10 it differently.</p> <p>11 How did you know about this?</p> <p>12 A. Because I worked at Cardinal Health</p> <p>13 during this time period in the pharmaceutical</p> <p>14 distribution business and was aware of the issue.</p> <p>15 Q. Okay. And this is an issue where the</p> <p>16 Office of the Attorney General began investigation</p> <p>17 in 2005 focusing on the secondary market for</p> <p>18 pharmaceuticals; is that correct?</p> <p>19 MS. MAINIGI: Objection; form.</p> <p>20 A. Generally speaking, yes.</p> <p>21 Q. Well, I hope so, because I read it from</p> <p>22 the first two lines there.</p> <p>23 Do you see that?</p> <p>24 A. Again, I haven't seen the document,</p>

<p style="text-align: right;">Page 242</p> <p>1 so -- in my preparation.</p> <p>2 MS. MAINIGI: Do you want her to review</p> <p>3 it?</p> <p>4 A. If you can give me a minute, I can</p> <p>5 familiarize myself with it.</p> <p>6 Q. Well, I'll just ask you questions, and</p> <p>7 if you need to take the time, you can take the</p> <p>8 time then, okay?</p> <p>9 A. We'll start with the first question, and</p> <p>10 we'll go from there.</p> <p>11 Q. Fair enough. Fair enough.</p> <p>12 You mentioned you were involved. What</p> <p>13 was your involvement in this -- related to this</p> <p>14 issue, this potential investigation by the New</p> <p>15 York Attorney General?</p> <p>16 A. As a commercial attorney in the</p> <p>17 pharmaceutical distribution business that works</p> <p>18 with -- that was working with hospital and</p> <p>19 closed-door pharmacies -- that was part of the</p> <p>20 customer group that I supported -- I was aware of</p> <p>21 the issue, and then ultimately was aware of the</p> <p>22 policies, procedures we put in place. I don't</p> <p>23 recall seeing this specific policy, but aware of</p> <p>24 what we committed to the Attorney General that we</p>	<p style="text-align: right;">Page 244</p> <p>1 absolutely. Go ahead.</p> <p>2 A. Just I want to make sure I'm familiar.</p> <p>3 MR. FULLER: Why don't we take a break</p> <p>4 and let you read that. We've been going for a</p> <p>5 while now.</p> <p>6 THE VIDEOGRAPHER: The time is now 3:49.</p> <p>7 Going off the record.</p> <p>8 (Recess taken.)</p> <p>9 THE VIDEOGRAPHER: Okay. The time is</p> <p>10 now 4:05. Back on the record.</p> <p>11 MS. MAINIGI: Mr. Fuller, Ms. Norris has</p> <p>12 one clarification that she would like to put on</p> <p>13 the record.</p> <p>14 MR. FULLER: Okay.</p> <p>15 THE WITNESS: I just want to make sure</p> <p>16 that I was clear, because I think we were using</p> <p>17 "suspicious order monitoring system" and</p> <p>18 "suspicious order monitoring program" somewhat</p> <p>19 interchangeably, and those are two different</p> <p>20 things.</p> <p>21 Cardinal Health has had a suspicious</p> <p>22 order monitoring program in place since the</p> <p>23 inception of the statute, which imposed the</p> <p>24 requirements on us to monitor for suspicious</p>
<p style="text-align: right;">Page 243</p> <p>1 would do going forward.</p> <p>2 Q. Okay. And there's two issues raised in</p> <p>3 this agreement, is that correct, broad</p> <p>4 picture-wise?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 Objection; form.</p> <p>7 I think you've got to give her a chance</p> <p>8 to read the agreement if you want her to answer</p> <p>9 that question.</p> <p>10 Q. Okay. Let me just ask it differently.</p> <p>11 You're aware, are you not, that this -- the</p> <p>12 concerns that the New York Attorney General had</p> <p>13 was one with obtaining substances from alternate</p> <p>14 source vendors, correct?</p> <p>15 MS. MAINIGI: Objection; scope and form.</p> <p>16 Go ahead.</p> <p>17 A. Generally.</p> <p>18 Q. And then potentially diversion as well,</p> <p>19 correct?</p> <p>20 A. Price diversion.</p> <p>21 MS. MAINIGI: Objection; form and scope.</p> <p>22 A. Can you give me a minute now before we</p> <p>23 get too far down into the questions?</p> <p>24 Q. If you want to take the time,</p>	<p style="text-align: right;">Page 245</p> <p>1 orders.</p> <p>2 Q. And does that include the documents that</p> <p>3 we looked at, or is that a separate --</p> <p>4 A. That's part -- you mean the compliance</p> <p>5 policies and procedures, the reporting</p> <p>6 requirements?</p> <p>7 Q. Yes, ma'am. I'm not sure what you want</p> <p>8 to call them. I think it's 19, 21 -- 19, 20, 21,</p> <p>9 and 22.</p> <p>10 A. Those detailed --</p> <p>11 Q. The suspicious ordering monitoring</p> <p>12 programs?</p> <p>13 A. Yes.</p> <p>14 Q. Was there anything else that was sent</p> <p>15 out in the suspicious order monitoring programs</p> <p>16 other than what's in those documents? Are there</p> <p>17 other documents that set out this, quote, unquote,</p> <p>18 program?</p> <p>19 A. Not to my knowledge during that time</p> <p>20 period.</p> <p>21 Q. And these documents were in place up</p> <p>22 until the -- I think the 2006 document we looked</p> <p>23 at; is that right?</p> <p>24 A. They were -- the second packet was dated</p>



<p style="text-align: right;">Page 246</p> <p>1 2006.</p> <p>2 Q. Okay. Correct. So are there any other</p> <p>3 documents out there that would set out what</p> <p>4 Cardinal's suspicious order monitoring system or</p> <p>5 program was that you are aware of?</p> <p>6 A. The suspicious order monitoring program,</p> <p>7 not that I'm aware of, no.</p> <p>8 Q. Now, how about the suspicious order</p> <p>9 monitoring systems?</p> <p>10 A. When I refer to the suspicious order</p> <p>11 monitoring system, I'm referring to the</p> <p>12 enhancement to the program that we made in the</p> <p>13 2007 time frame, the electronic order monitoring</p> <p>14 program with thresholds.</p> <p>15 Q. Okay. So prior to 2007 or whenever this</p> <p>16 new upgrade was rolled out, Cardinal did not</p> <p>17 monitor thresholds, correct?</p> <p>18 A. We didn't call them thresholds, but the</p> <p>19 ingredient limit reports acted like a threshold.</p> <p>20 When the customer purchased the amount as</p> <p>21 indicated by the DEA that they wanted reported, we</p> <p>22 reported it, and we had the ingredient -- I'm</p> <p>23 sorry -- the excessive limit reports which were</p> <p>24 guided somewhat in part by dosage limit charts</p>	<p style="text-align: right;">Page 248</p> <p>1 alternative source vendors or AVS [sic].</p> <p>2 "As one Cardinal employee wrote in a</p> <p>3 2001 e-mail to colleagues worried about risks of</p> <p>4 the AVS [sic] market, the firm 'must understand</p> <p>5 the need not to kill the golden goose, ASV, who is</p> <p>6 laying the golden eggs.'"</p> <p>7 Do you know, because you were involved</p> <p>8 to some degree with this, what risks he was</p> <p>9 referring to?</p> <p>10 MS. MAINIGI: Objection; form.</p> <p>11 Objection; scope.</p> <p>12 A. I do not --</p> <p>13 MS. MAINIGI: Objection; time period.</p> <p>14 A. I do not know.</p> <p>15 Q. Okay. If you'll go to page 4.</p> <p>16 A. Yes.</p> <p>17 Q. And there in paragraph 11, it talks</p> <p>18 about "Cardinal repeatedly sold pharmaceuticals to</p> <p>19 customers that it knew or should have known were</p> <p>20 diverting pharmaceuticals."</p> <p>21 Correct?</p> <p>22 A. The sentence says that. It's talking</p> <p>23 about price diversion.</p> <p>24 Q. Okay. And paragraph 12, "Similarly,</p>
<p style="text-align: right;">Page 247</p> <p>1 that were posted in our cages and vaults that gave</p> <p>2 guidance to appropriate amounts of the particular</p> <p>3 drugs listed that should be ordered by that type</p> <p>4 of customer.</p> <p>5 Q. Okay. Have you had a chance to review</p> <p>6 the document that we were looking at?</p> <p>7 A. Yes, generally.</p> <p>8 Q. Okay. And if you go to page 2.</p> <p>9 A. Yes.</p> <p>10 Q. Paragraph 2.</p> <p>11 A. Yes.</p> <p>12 Q. It says, "Cardinal is one of three</p> <p>13 primary distributors of pharmaceuticals in the</p> <p>14 United States."</p> <p>15 That's correct? Cardinal</p> <p>16 AmerisourceBergen, and McKesson. Would you agree</p> <p>17 with that?</p> <p>18 A. The three you listed are the three</p> <p>19 largest distributors in the market.</p> <p>20 Q. And it says, "Up until the end of the</p> <p>21 practice in December of '05, or 2005, Cardinal,</p> <p>22 like the other national full-line distributors,</p> <p>23 bought and sold drugs in the secondary market</p> <p>24 buying from and selling to wholesalers known as</p>	<p style="text-align: right;">Page 249</p> <p>1 starting in January of '03 -- or 2003, Cardinal</p> <p>2 was alerted that its customers in the Carrington</p> <p>3 network of closed-door pharmacies were diverting</p> <p>4 drugs."</p> <p>5 Do you see that?</p> <p>6 A. I see that. Again, referring to price</p> <p>7 diversion, yes.</p> <p>8 Q. And ultimately Carrington ended up under</p> <p>9 criminal investigation, correct?</p> <p>10 MS. MAINIGI: Objection; scope.</p> <p>11 Objection; form.</p> <p>12 A. I see the note or the statement that</p> <p>13 Carrington was under criminal investigation, yes.</p> <p>14 - - -</p> <p>15 (Cardinal-Norris Exhibit 26 marked.)</p> <p>16 - - -</p> <p>17 Q. This is Norris 66 and Plaintiff's</p> <p>18 Exhibit Number 26.</p> <p>19 Ms. Norris, have you seen this document</p> <p>20 prior to today?</p> <p>21 A. I have.</p> <p>22 Q. And this is Cardinal's Anti-Diversion -</p> <p>23 Know Your Customer Compliance Manual; is that</p> <p>24 correct?</p>

<p style="text-align: right;">Page 250</p> <p>1 A. Yes. That's what it's labeled.</p> <p>2 Q. And this was enacted in -- approximately</p> <p>3 sometime in 2006; is that accurate?</p> <p>4 A. I believe the effective date is</p> <p>5 November 1, 2006 --</p> <p>6 Q. Okay.</p> <p>7 A. -- on page 66.</p> <p>8 Q. And are you aware whether Cardinal had a</p> <p>9 prior Know Your Customer Compliance Manual?</p> <p>10 A. Specifically titled that, I don't know.</p> <p>11 Q. Do you know of any type of Know Your</p> <p>12 Customer Compliance Manual, whether it was titled</p> <p>13 that or not?</p> <p>14 A. I know that part of what we were doing</p> <p>15 prior to this time period was ensuring that we</p> <p>16 obtained the license and verified the address of</p> <p>17 the customers that we were selling to as was</p> <p>18 required.</p> <p>19 Q. Right. I'm just asking if there was an</p> <p>20 earlier manual.</p> <p>21 A. I don't know.</p> <p>22 Q. And now I think we're going to get into</p> <p>23 what you were talking about earlier, some of</p> <p>24 these -- and let me ask you on 26, I know you</p>	<p style="text-align: right;">Page 252</p> <p>1 AG_0000344 for the record.</p> <p>2 Again, is this a policy and procedure</p> <p>3 that's kept in the normal course?</p> <p>4 A. Yes.</p> <p>5 Q. And this was actually created or</p> <p>6 implemented or the issue date is December 22nd of</p> <p>7 2008?</p> <p>8 A. That is the issue date according to the</p> <p>9 document.</p> <p>10 Q. And these reports were provided to the</p> <p>11 sales personnel, correct?</p> <p>12 A. The Highlight Reports?</p> <p>13 Q. Yes, ma'am.</p> <p>14 A. Yes.</p> <p>15 Q. And it would warn the sales personnel</p> <p>16 about increases in customers' ordering practices;</p> <p>17 is that right?</p> <p>18 A. It would notify the salesperson when the</p> <p>19 customer was approaching a certain level of their</p> <p>20 threshold.</p> <p>21 Q. Would these reports also be provided to</p> <p>22 the QRA, quality regulatory -- I think it's</p> <p>23 assurance committee that you guys have?</p> <p>24 A. The committee? I don't know what</p>
<p style="text-align: right;">Page 251</p> <p>1 mentioned you reviewed that. Is that a document</p> <p>2 that Cardinal usually keeps in the normal course</p> <p>3 of business?</p> <p>4 A. Yes.</p> <p>5 Q. And it's a policy and procedure that</p> <p>6 applied across Cardinal nationwide; is that right?</p> <p>7 A. To our pharmaceutical distribution</p> <p>8 business, yes.</p> <p>9 Q. And according to you, it appears to be a</p> <p>10 true and accurate copy of what you reviewed prior</p> <p>11 to today?</p> <p>12 A. Yes.</p> <p>13 ---</p> <p>14 (Cardinal-Norris Exhibit 27 marked.)</p> <p>15 ---</p> <p>16 Q. Okay. Now, going on to Number 27. 33.</p> <p>17 Norris 33 is going to be Plaintiff's Exhibit</p> <p>18 Number 27.</p> <p>19 This is another policy and procedure,</p> <p>20 correct? Highlight Report - Sales?</p> <p>21 A. Yes.</p> <p>22 Q. Is this something that would also be</p> <p>23 provided to the -- strike that.</p> <p>24 The Bates number on the bottom, it's</p>	<p style="text-align: right;">Page 253</p> <p>1 committee you're referring to.</p> <p>2 Q. Yeah, the quality regulatory group.</p> <p>3 A. The quality regulatory group?</p> <p>4 Q. Yes, ma'am.</p> <p>5 A. That's the group that's producing the</p> <p>6 report.</p> <p>7 Q. So they created all these policies and</p> <p>8 procedures then, correct?</p> <p>9 MS. MAINIGI: Objection; form.</p> <p>10 A. "They" being?</p> <p>11 Q. QRA.</p> <p>12 A. The anti-diversion team within QRA --</p> <p>13 Q. Okay.</p> <p>14 A. -- but they're also QRA.</p> <p>15 Q. Got it. I apologize.</p> <p>16 A. That's all right. I just want to make</p> <p>17 sure I'm understanding your questions.</p> <p>18 Q. Were there additional policies and</p> <p>19 procedures that got created and implemented in</p> <p>20 2012?</p> <p>21 MS. MAINIGI: Objection; form.</p> <p>22 Q. I'll strike that. That's a bad</p> <p>23 question.</p> <p>24 MR. FULLER: This is 37.</p>

Page 254

1                                 - - -  
2               (Cardinal-Norris Exhibit 28 marked.)  
3                                 - - -  
4 BY MR. FULLER:  
5       Q. This is going to be Plaintiff's Exhibit  
6 Number 28, AG\_0000154. This is a policy and  
7 procedure related to detecting or reporting  
8 suspicious orders and responding to threshold  
9 events.

10 Do you see that?

11 A. I see that's the title.

12 Q. And the purpose of this? Read the  
13 purpose to us, please.

[illegible]

Page 256

[illegible]

13 A. Yes. Although, I think you're somewhat  
14 mixing two time periods through the evolution of  
15 our program. The small, medium, large and class  
16 of trade designations for determining thresholds  
17 was during the 2008 to 2012 period.

18 Q. Okay.

19 A. [REDACTED]

[REDACTED] [REDACTED]

[REDACTED] [REDACTED]

[REDACTED] [REDACTED]

[REDACTED] [REDACTED]

[REDACTED] [REDACTED].

Page 255

[illegible]

Page 257

[illegible]

22 Q. And did it also compare them to other  
23 customers prior to 2012?

24 A. Yes. But then we set -- each customer

Page 258

1 had an individual threshold based on the  
2 comparisons and then the particular factors  
3 applicable to that customer.  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 Q. Okay. So, again, my question is, did we  
9 compare them to like customers prior to 2012? And  
10 the answer I believe, if I understood you, is yes,  
11 we did?  
12 A. Comparing them to like customers was one  
13 of the ways that we set the threshold.  
14 Q. [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]

Page 259

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]

Page 260

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]

Page 261

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 (Discussion held off the record.)  
12 MR. FULLER: I'm going to provide a  
13 thumb drive to the court reporter. This is what  
14 we used with Ms. Justice previously.  
15 ---  
16 (Cardinal-Norris Exhibit 30 marked.)  
17 ---  
18 MS. MAINIGI: What do you want us to do  
19 with that?  
20 MR. FULLER: You can hold it. I'm just  
21 giving you a copy of what the witness is going to  
22 see.  
23 BY MR. FULLER:  
24 Q. And what we've done, Ms. Norris, is



Page 262

1 we've been provided with the --

2 MR. FULLER: You can read it on the

3 flight home.

4 BY MR. FULLER:

5 Q. We've taken the detailed distribution

6 information that we've been provided by

7 Cardinal --

8 MS. MAINIGI: What topic does this

9 relate to?

10 MR. FULLER: Complying with the policies

11 and procedures and how they interpret them.

12 MS. MAINIGI: I'm sorry. Which topic?

13 Are you on Notice 1 or Notice 2?

14 MR. FULLER: That would be somewhere on

15 Notice 1.

16 BY MR. FULLER:

17 Q. So what we have there --

18 MS. MAINIGI: So, Counsel -- I'm sorry

19 to keep interrupting you, but is this West

20 Virginia distribution data? Because I don't

21 understand how this is in within the geographic

22 scope of what's currently allowed to be questioned

23 on or where it is in the topics.

24 MR. FULLER: Okay. So this is Summit

Page 263

1 and Cuyahoga County.

2 MS. MAINIGI: Okay. And so these are --

3 MR. FULLER: So it's not West Virginia.

4 MS. MAINIGI: This is Notice 2, and it's

5 the CT-1 specific topics then? Because we agreed

6 we would do those --

7 MR. FULLER: Yes. It's application of

8 the policies and procedures we've just been

9 talking about.

10 MS. MAINIGI: Okay. So if it relates to

11 the Notice 2, CT-1 specific topics --

12 MR. FULLER: No. It would fall under

13 CT-1 related to the policies and procedures that

14 were in place, the standard operating procedures.

15 And I want to see if I'm understanding what the

16 witness has testified to.

17 MS. MAINIGI: Okay. Well, we'll wait

18 for the question.

19 BY MR. FULLER:

20 Q. All right. So what you see in front of

21 you, Ms. Norris, is the detailed distribution

22 data -- now that they've changed the screen on

23 us -- was the detailed distribution data for

24 Cuyahoga and Summit Counties.

Page 264

1 And what we did is we overlaid the

2 suspicious order reports that were provided to us

3 by your counsel as well. I want to say it's Bates

4 numbers 12, 13, and 14 of the specific production

5 in this case.

6 MR. FULLER: And, Counsel, for your

7 benefit, also included on the thumb drive. Okay.

8 BY MR. FULLER:

9 Q. And what I've done is I've had the guys

10 who've worked with the ARCOS data for us create a

11 code so I could basically have a numeric value for

12 the suspicious order plugged in, you know, bring

13 up that suspicious order and then substitute the

14 shipments of that same drug family.

15 BY MR. FULLER:

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

Page 265

1 A. [REDACTED]

2 [REDACTED]

3 [REDACTED]

4 [REDACTED]

5 Q. Okay.

6 MR. FULLER: So if you'll plug in Number

7 43 for me. Actually, hold on.

8 (Discussion held off the record.)

9 MR. FULLER: Yeah, so plug in 43.

10 MS. MAINIGI: Do you have a hard copy of

11 this?

12 MR. FULLER: Of this big 'ole

13 spreadsheet? No.

14 MS. MAINIGI: Or any part of it that

15 you're intending to ask her about?

16 MR. FULLER: No. I'm attaching the

17 thumb drive as the page saver.

18 If you'll click on the purple display.

19 BY MR. FULLER:

20 Q. [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

Page 266

1 BY MR. FULLER:  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 Q. I'll take your word on it. And this  
8 facility had --  
9 MR. FULLER: If you'll scroll over to  
10 the right some to the date.  
11 Q. -- had a threshold event --  
12 MS. VELDMAN: Right here?  
13 MR. FULLER: Yep.  
14 BY MR. FULLER:  
15 Q. -- on January 21st of '14.  
16 A. I lost the highlighting.  
17 Q. Yeah. It moved where we were in the  
18 document.  
19 MS. VELDMAN: All right. Hold on.  
20 MR. FULLER: There you go. Now just  
21 slide it over.  
22 BY MR. FULLER:  
23 Q. January 21st of '14. Do you see that?  
24 A. January 21st, 2014.

Page 267

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED] then on January 22nd, we see more  
7 shipments going to this facility for  
8 hydrocodone -- or excuse me -- oxycodone, correct?  
9 A. The line right below the blue part?  
10 Q. Yes, ma'am.  
11 A. Yes.  
12 Q. You see we have a quantity ordered and a  
13 quantity shipped of 12 on January 22nd?  
14 A. Yes.  
15 Q. And then on January 23rd, we actually  
16 have three different orders for three different  
17 amounts of oxycodone.  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]

Page 268

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED] you know, the orders on the 21st  
4 were cut, not shipped.  
5 Q. Correct.  
6 A. [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]

Page 269

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]

Page 270

1 [REDACTED]  
2 [REDACTED]  
3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 MR. FULLER: Gina, run 98 for me.  
22 MS. VELDMAN: 94?  
23 MR. FULLER: 98.  
24 MS. VELDMAN: Sorry.

Page 271

1 BY MR. FULLER:  
2 [REDACTED]  
3 [REDACTED]  
4 Do you see that?  
5 A. I see one line highlighted, yes.  
6 Q. [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 ---  
21 (Cardinal-Norris Exhibit 29 marked.)  
22 ---  
23 MR. FULLER: And I'll attach as  
24 Plaintiff's Exhibit Number 29 -- and there's two

Page 272

1 more copies of it -- what I've been provided is a  
2 custodial file.  
3 MS. MAINIGI: Are you representing this  
4 is the entire custodial file that you were  
5 provided?  
6 MR. FULLER: It is what I was able to  
7 find and what you guys produced. And when you  
8 produced them, you didn't separate them out in any  
9 way, so I pulled it together the best I can. And  
10 if you want to at the end, we can go through all  
11 the different Bates numbers that are there. But  
12 for the record, the first page of this composite  
13 exhibit is CAH\_MDL\_2804\_00001537.  
14 BY MR. FULLER:  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 MS. MAINIGI: Objection; form.

Page 273

1 Objection; scope.  
2 MR. FULLER: Sure.  
3 MS. MAINIGI: I was waiting for him to  
4 actually finish his paragraph long sentence.  
5 BY MR. FULLER:  
6 Q. Go ahead.  
7 A. [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
12 [REDACTED]  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]  
17 [REDACTED]  
18 [REDACTED]  
19 [REDACTED]  
20 [REDACTED]  
21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 MS. MAINIGI: Objection; form.

Page 274

1 Objection; scope.  
 2 A. Yes.  
 3 Q. If there is no gap and we're shipping  
 4 additional orders of the same oxycodone to this  
 5 pharmacy, we should see some sort of documented  
 6 explanation in their diligence file; is that  
 7 correct?  
 8 MS. MAINIGI: Objection; form.  
 9 A. Unless -- not necessarily, because then  
 10 perhaps their accrual period started over.  
 11 [REDACTED]  
 12 [REDACTED]  
 13 [REDACTED]  
 14 [REDACTED]  
 15 [REDACTED]  
 16 [REDACTED]  
 17 [REDACTED]  
 18 [REDACTED]  
 19 [REDACTED]  
 20 [REDACTED]  
 21 [REDACTED]  
 22 [REDACTED]  
 23 Q. Okay.  
 24 A. There is a note about a threshold

Page 275

1 increase in the file, by the way.  
 2 Q. On that date?  
 3 A. No, not on that date. Just generally.  
 4 Q. Yeah, I know. I saw others, but ...  
 5 A. Can we take a break --  
 6 MS. MAINIGI: Sure.  
 7 A. -- maybe before we start --  
 8 MS. MAINIGI: Yeah.  
 9 Q. Sure.  
 10 A. Can we do that before we start --  
 11 Q. Absolutely, yes, ma'am.  
 12 THE VIDEOGRAPHER: The time is now 4:46.  
 13 Going off the record.  
 14 (Recess taken.)  
 15 THE VIDEOGRAPHER: Okay. The time is  
 16 now 5:02. Back on the record.  
 17 MR. FULLER: Where's that thumb drive?  
 18 We're going to attach that thumb drive as  
 19 Plaintiff's Exhibit 30.  
 20 ---  
 21 (Cardinal-Norris Exhibit 25 marked.)  
 22 ---  
 23 BY MR. FULLER:  
 24 Q. Now, Ms. Norris, you have before you, I

Page 276

1 think, Plaintiff's Exhibit 29; is that correct?  
 2 A. 20- --  
 3 Q. 29?  
 4 A. It says 25.  
 5 Q. Does it have a sticker that says 25 on  
 6 it?  
 7 A. Yes.  
 8 MS. MAINIGI: Yes.  
 9 A. The document you handed to me just  
 10 before break is labeled 25.  
 11 Q. Okay. Well, let's go with that. 25 it  
 12 is.  
 13 A. Okay.  
 14 Q. And you've seen this document before?  
 15 A. I have.  
 16 Q. And you know this to be the Memorandum  
 17 of Agreement between the United States Department  
 18 of Justice, the DEA, and Cardinal Health, correct?  
 19 A. Yes. The Settlement and Release  
 20 Agreement and Administrative Memorandum of  
 21 Agreement, yes.  
 22 Q. And for the record, it's  
 23 CAH\_MDL\_PRIORPROD\_HOUSE\_0004009. And this  
 24 included allegations related to several of

Page 277

1 Cardinal's facilities; is that right?  
 2 A. Allegations, yes.  
 3 Q. Against the Auburn, Washington  
 4 distribution center, the Lakeland, Florida  
 5 distribution center, the Swedesboro, New Jersey  
 6 distribution center, the Dublin Court and  
 7 Stafford, Texas distribution center, the McDonough  
 8 facility in Georgia, the Valencia facility in  
 9 California, the Denver facility in Colorado; is  
 10 that correct?  
 11 A. Those are the facilities listed, yes.  
 12 Q. And Cardinal -- well, strike that.  
 13 The allegations were that Cardinal was  
 14 shipping suspicious orders, correct?  
 15 A. The allegation in Number 8 is that  
 16 Cardinal Health failed to report suspicious  
 17 orders.  
 18 Q. And then if you'll turn to -- and along  
 19 with this -- and you've -- strike that.  
 20 This document, you understand, is kept  
 21 in the normal course there at Cardinal. You've  
 22 reviewed it prior to today, and it appears to be  
 23 accurate and complete; is that fair?  
 24 MS. MAINIGI: Objection to form.



<p style="text-align: right;">Page 278</p> <p>1 A. This document I'm looking at right now,  2 I don't understand what you mean by "kept in the  3 normal course of business."  4 Q. Cardinal maintains it. They have it in  5 their filing system somewhere, correct?  6 MS. MAINIGI: Objection to form.  7 A. Yes.  8 Q. Okay. And it appears to be accurate and  9 complete compared to the one that you previously  10 reviewed prior to today; is that correct?  11 A. It does, yes.  12 Q. Okay. And if you'll turn to page 21.  13 Because you're also aware that there were  14 immediate suspension orders issued to each of  15 these facilities as well, correct?  16 A. Yes.  17 Q. And on page 21, we have I believe it's  18 page 2 of the Lakeland, Florida distribution  19 center immediate suspension order; is that right?  20 A. Yes.  21 Q. And it says -- right above the diagram,  22 it says, "Retail pharmacies in Florida order an  23 average of less than 8,400 dosage units of  24 hydrocodone per month."</p>	<p style="text-align: right;">Page 280</p> <p>1 correct?  2 A. It was the allegation that was made.  3 Q. I'm asking you if you agree or disagree  4 with it.  5 MS. MAINIGI: Objection; scope.  6 A. Cardinal Health made no admission  7 related to the allegation.  8 Q. It denied the allegations, didn't it?  9 A. It made no admission related to the  10 allegation.  11 Q. Do you know whether Cardinal denied the  12 allegations? And if you don't know, just say you  13 don't know. That's fine by me.  14 A. Cardinal Health made no admission  15 related to the allegations.  16 Q. Do you know whether Cardinal Health  17 denied the allegations?  18 MS. MAINIGI: Objection; asked and  19 answered.  20 A. Cardinal Health made no admission  21 related to the allegations that were made.  22 Q. All right. Let's look at the first one.  23 Medipharma-Rx, Inc. Monthly average --  24 understanding that the average for pharmacies in</p>
<p style="text-align: right;">Page 279</p> <p>1 Do you see that?  2 A. I see that sentence.  3 Q. And hydrocodone excludes oxycodone and  4 other derivatives, correct? We're just looking at  5 hydrocodone here, correct?  6 MS. MAINIGI: Objection; scope.  7 A. I don't know the statement just because  8 I'm not familiar enough -- I'm not a pharmacist,  9 but --  10 Q. Fair enough. Fair enough. I'll strike  11 it.  12 It's referencing hydrocodone per month,  13 correct?  14 A. Yes.  15 Q. Okay. "Respondents distributed  16 hydrocodone to pharmacies engaged in the diversion  17 of controlled substances as reflected in the chart  18 below. Respondent knew or should have known that  19 the pharmacies were diverting hydrocodone into  20 other than legitimate medical, scientific, and  21 industrial channels."  22 And Cardinal denies that, correct?  23 A. That is the allegation that was made.  24 Q. And Cardinal denies that still to today,</p>	<p style="text-align: right;">Page 281</p> <p>1 Florida is less than 4,800 -- received over  2 155,000 per month for at least a four-month time  3 frame.  4 Do you see that?  5 A. I see that, and it's actually 8,400 is  6 the average, not 4,800.  7 Q. Excuse me. 8,400. I'm a little  8 dyslexic. I apologize.  9 DRM Enterprise, Inc., received nearly  10 just shy of a million dosages over 22 months, an  11 average of over 42,000 per month from a period of  12 January of '06 to October of '07.  13 Do you see that?  14 A. I see that information.  15 Q. Jen-Mar Pharmacy Services, Inc., over an  16 11-month period, for the first three months  17 received an average of 2,700 pills. In the last  18 eight months, 43,000 pills.  19 Does that seem suspicious, a jump like  20 that, an increase in -- what is that? -- about 15  21 times from one month to the next?  22 MS. MAINIGI: Objection; form.  23 Objection; scope.  24 A. Not necessarily. I don't know the</p>

<p style="text-align: right;">Page 282</p> <p>1 circumstances surrounding the increase in 2 purchases. 3 Q. National Pharmacy, over a 9-month period 4 received 70,000 plus pills of hydrocodone. And, 5 again, all in the Florida area, correct? 6 A. Out of the Lakeland distribution center. 7 So generally the Florida and surrounding area I 8 believe is what they service. 9 Q. O-R-G, Inc., 1.2 million over a 10 five-month period, 242,000 pills plus per month 11 for a five-month time frame. 12 Does that cause you any concerns sitting 13 here today? 14 MS. MAINIGI: Objection; form. 15 Objection; scope. 16 A. No, because I don't know the totality of 17 the circumstances related to those distributions. 18 Q. And what documents would you want to see 19 to make that determination? 20 MS. MAINIGI: Objection; scope. 21 A. The Know Your Customer questionnaire, as 22 well as any related documentation obtained as part 23 of the due diligence. 24 Q. So there should be due diligence related</p>	<p style="text-align: right;">Page 284</p> <p>1 not; is that fair? 2 MS. MAINIGI: Objection to form. 3 Objection; scope. 4 A. We want to understand the totality of 5 the circumstances, yes. 6 Q. United Prescription Services, Inc., over 7 a four-month period, 287,000 hydrocodone pills 8 dumped into one pharmacy, correct? 9 A. 287,025 pills per month average were 10 shipped to that pharmacy. 11 Q. Satellite Drug and Pharmacy, the first 12 four months of a 19-month time frame, 375 pills on 13 average. The next 15 months, 69,500 pills on 14 average per month into that pharmacy. That's not 15 normal, is it, that type of increase? 16 MS. MAINIGI: Objection to form. 17 Objection to scope. 18 A. Not necessarily. Without the totality 19 of circumstances, I cannot say. 20 Q. And if you turn to the next page. Do 21 you see paragraph D there? 22 A. Yes. 23 Q. And who is Eric Brantley; do you know? 24 A. The manager of quality and regulatory</p>
<p style="text-align: right;">Page 283</p> <p>1 to these transactions, right? 2 A. There should be -- the Know Your 3 Customer process should be followed if thresholds 4 were increased. 5 Q. We should see documentation or 6 explanation why, correct? 7 A. Yes. 8 Q. Okay. What else would you want to see? 9 Would you want to see any site visits? 10 MS. MAINIGI: Objection; form. 11 Objection; scope. 12 A. If site visits were warranted by the 13 information in the Know Your Customer and other 14 information we gathered, yes. 15 Q. If they're there, you'd want to see 16 them, right -- 17 MS. MAINIGI: Objection; form. 18 Q. -- if they're available? 19 MS. MAINIGI: Objection; scope. 20 A. Yeah. 21 Q. Because part of the process is you want 22 to collect as much information as you can to make 23 the right decision when you're dealing with these 24 controlled substances and whether to ship them or</p>	<p style="text-align: right;">Page 285</p> <p>1 affairs. 2 Q. So was he the guy that manages all of 3 quality and regulatory affairs for Cardinal during 4 this time? 5 A. No. He's a manager within our quality 6 and regulatory affairs department. 7 Q. So what does he manage, what area? 8 A. I believe he was originally brought on 9 as part of the Internet pharmacy initiative after 10 we had the meeting with the DEA, and -- I'm not 11 positive, so I can't say for sure his -- his 12 obligations expanded over time. 13 Q. Are you aware that in September of 2006, 14 he sent an e-mail to the DEA saying that Cardinal 15 was discontinuing its sales to a pharmacy referred 16 to as RKR, and they didn't discontinue their 17 sales? 18 MS. MAINIGI: Objection; form. 19 Objection; scope. 20 A. I'm not aware of that e-mail, no. 21 Q. And that they continued to provide that 22 pharmacy with over 393,000 hydrocodone products? 23 MS. MAINIGI: Is that a question? 24 MR. FULLER: Yes.</p>

<p style="text-align: right;">Page 286</p> <p>1 MS. MAINIGI: Objection; form.</p> <p>2 Objection; scope.</p> <p>3 A. That is an allegation that's made.</p> <p>4 Q. And I think you've testified</p> <p>5 consistently that Cardinal would not ship an order</p> <p>6 that it knew -- or that should have known it would</p> <p>7 be diverted, correct --</p> <p>8 MS. MAINIGI: Objection to form.</p> <p>9 Q. -- or had the potential for being</p> <p>10 diverted?</p> <p>11 MS. MAINIGI: Objection to form.</p> <p>12 A. Cardinal Health does not ship orders</p> <p>13 that it has reported as suspicious.</p> <p>14 Q. And even going back to -- prior to</p> <p>15 2007 -- strike that.</p> <p>16 And if Cardinal had reason to know that</p> <p>17 a pharmacy or drugstore was diverting product, it</p> <p>18 would not ship to that pharmacy, correct?</p> <p>19 A. If Cardinal Health determined that</p> <p>20 customer posed an unreasonable risk of diversion,</p> <p>21 it would not ship to that customer.</p> <p>22 MR. FULLER: This is going to be</p> <p>23 Plaintiff's Exhibit Number 31, and it's Norris 25.</p> <p>24 - - -</p>	<p style="text-align: right;">Page 288</p> <p>1 record, P-31 appears to be a privileged document</p> <p>2 which obviously was inadvertently produced. And</p> <p>3 so we request that pursuant to the protective</p> <p>4 order, that you give us back all copies that you</p> <p>5 have of this document. We'll send you a follow-up</p> <p>6 letter, and we will put it on the privilege log.</p> <p>7 Obviously, we will not let Ms. Norris be</p> <p>8 questioned on it.</p> <p>9 MR. FULLER: Sure. Fair enough. So</p> <p>10 just to put it on the record, the Bates number is</p> <p>11 CAH_MDL_PRIORPROD_DEA07_00968964. And we'll hold</p> <p>12 that issue until it's resolved.</p> <p>13 MS. MAINIGI: Okay. Thank you.</p> <p>14 MR. FULLER: Sure.</p> <p>15 UNIDENTIFIED SPEAKER: Hey guys, are we</p> <p>16 on mute?</p> <p>17 MR. FULLER: Probably.</p> <p>18 UNIDENTIFIED SPEAKER: I think so.</p> <p>19 THE VIDEOGRAPHER: Can you hear us?</p> <p>20 UNIDENTIFIED SPEAKER: Yeah, we can hear</p> <p>21 you.</p> <p>22 MR. FULLER: We were just whispering and</p> <p>23 messing with you guys to see if you were really</p> <p>24 paying attention.</p>
<p style="text-align: right;">Page 287</p> <p>1 (Cardinal-Norris Exhibit 31 marked.)</p> <p>2 - - -</p> <p>3 MS. MAINIGI: Was this produced by</p> <p>4 Cardinal?</p> <p>5 MR. FULLER: It was.</p> <p>6 MS. MAINIGI: And you don't have a Bates</p> <p>7 number?</p> <p>8 MR. FULLER: Yeah, I apologize. I'm not</p> <p>9 great on -- I'll see if I can get one, though, for</p> <p>10 the record.</p> <p>11 MS. MAINIGI: You know, let me -- I'd</p> <p>12 like to take a break, please, before we start. I</p> <p>13 just want to check on privilege status.</p> <p>14 THE VIDEOGRAPHER: The time is now 5:18.</p> <p>15 Going off the record.</p> <p>16 (Recess taken.)</p> <p>17 THE VIDEOGRAPHER: Okay. The time is</p> <p>18 now 5:24. Back on the record.</p> <p>19 MS. MAINIGI: Counsel, what you just</p> <p>20 marked as P-31 --</p> <p>21 MR. FULLER: I have the Bates number, if</p> <p>22 it helps.</p> <p>23 MS. MAINIGI: Oh, you do? Okay. I</p> <p>24 think we found it, but just for the purpose of the</p>	<p style="text-align: right;">Page 289</p> <p>1 - - -</p> <p>2 (Cardinal-Norris Exhibit 32 marked.)</p> <p>3 - - -</p> <p>4 BY MR. FULLER:</p> <p>5 Q. All right. The next document you're</p> <p>6 being provided is Norris 74, I think. Do you have</p> <p>7 it?</p> <p>8 A. I don't see that number on here.</p> <p>9 Q. No. It was a last minute add, but for</p> <p>10 the record, DEA07_01198345.</p> <p>11 Have you seen this document before?</p> <p>12 A. I have.</p> <p>13 Q. Okay. And did you review it in your</p> <p>14 preparation for the deposition today?</p> <p>15 A. I did.</p> <p>16 Q. And it appears to be a document or an</p> <p>17 e-mail from Steve -- is it Reardon?</p> <p>18 A. Reardon.</p> <p>19 Q. Reardon. And this is a document that's</p> <p>20 maintained in Cardinal's normal business, I'm</p> <p>21 assuming, on its e-mail server, correct?</p> <p>22 A. In accordance with its document</p> <p>23 retention policies, yes.</p> <p>24 Q. Fair enough. And does this document and</p>

<p style="text-align: right;">Page 290</p> <p>1 the attachments thereto appear to be fair and</p> <p>2 accurate to what the copy you reviewed?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And this is actually a summary of</p> <p>5 a meeting that HDMA had with DEA, correct?</p> <p>6 A. That's one part of it, yes.</p> <p>7 Q. And this is an e-mail from Mr. Reardon</p> <p>8 to a Mr. Brantley, who we mentioned earlier,</p> <p>9 Carolyn McPherson, as well as others; is that</p> <p>10 right?</p> <p>11 A. It is.</p> <p>12 Q. And what's the subject?</p> <p>13 A. The subject is "DEA suspicious order</p> <p>14 monitoring."</p> <p>15 Q. And it says, "The HDMA met with DEA</p> <p>16 officials last Friday, September 7th, to discuss</p> <p>17 the agency's current policy position on suspicious</p> <p>18 orders of controlled substances."</p> <p>19 Do you see that there?</p> <p>20 A. I see that sentence, yes.</p> <p>21 Q. And then it talks about a summary. And</p> <p>22 then it says, "The DEA is setting a new standard</p> <p>23 with which we must comply."</p> <p>24 Correct?</p>	<p style="text-align: right;">Page 292</p> <p>1 DEA's expectations and that it is not dictated to</p> <p>2 us by the agency pursuant to a regulatory action."</p> <p>3 Correct?</p> <p>4 A. I see that sentence.</p> <p>5 Q. And was this prior to the initiation of</p> <p>6 the regulatory action --</p> <p>7 MS. MAINIGI: Objection to form.</p> <p>8 Q. -- or do you know?</p> <p>9 A. I believe that the orders to show cause</p> <p>10 were issued after that.</p> <p>11 Q. And Mr. Reardon wanted to try to prevent</p> <p>12 a regulatory action being forced to adopt any sort</p> <p>13 of policies and procedures on suspicious order</p> <p>14 monitoring program, correct?</p> <p>15 A. Mr. Reardon understood the obligations</p> <p>16 that the DEA was implementing, the new obligations</p> <p>17 relating to the shipping requirement, and wanted</p> <p>18 to make sure that we had a program implemented</p> <p>19 that would comply with those new -- the new</p> <p>20 guidance.</p> <p>21 Q. But you said they told you about them</p> <p>22 way back in 2006, right?</p> <p>23 A. The initial communication from</p> <p>24 Rannazzisi was in 2006.</p>
<p style="text-align: right;">Page 291</p> <p>1 A. Correct.</p> <p>2 Q. And then Mr. Reardon says, "This is all</p> <p>3 coming about as the result of problems with</p> <p>4 Internet pharmacies and controlled substance</p> <p>5 diversion."</p> <p>6 Isn't that right?</p> <p>7 A. That is what this sentence says.</p> <p>8 Q. It then talks about that they</p> <p>9 recently -- recently they suspended ABC -- which I</p> <p>10 think, if you and I are on the same page, is</p> <p>11 AmerisourceBergen, correct?</p> <p>12 A. Correct.</p> <p>13 MS. MAINIGI: It's ABC registration.</p> <p>14 MR. FULLER: Yeah. Thank you. I got</p> <p>15 it.</p> <p>16 BY MR. FULLER:</p> <p>17 Q. "They recently suspended an ABC</p> <p>18 registration and used the suspension to get them</p> <p>19 to implement a complex and onerous suspicious</p> <p>20 order monitoring program that meets the criteria</p> <p>21 spelled out in the HDMA meeting summary."</p> <p>22 And then he goes on to say at the</p> <p>23 bottom, "We need to be proactive and implement a</p> <p>24 program that we develop that will satisfy the</p>	<p style="text-align: right;">Page 293</p> <p>1 Q. And you still hadn't done anything to</p> <p>2 implement them now in September of 2007, correct?</p> <p>3 A. I cannot --</p> <p>4 MS. MAINIGI: Objection; form.</p> <p>5 A. I cannot presently say the corporation</p> <p>6 doesn't have present knowledge of the actions that</p> <p>7 we took and the timing of what those actions that</p> <p>8 we took in that period.</p> <p>9 Q. So if I understand you correctly, you</p> <p>10 don't have knowledge as to what actions you,</p> <p>11 Cardinal, took during that time frame; is that</p> <p>12 correct?</p> <p>13 A. I don't know the timing and the actions</p> <p>14 taken during the time period --</p> <p>15 Q. So you can't tell me --</p> <p>16 A. -- based on current knowledge.</p> <p>17 Q. So sitting here after prepping for</p> <p>18 three, three and a half weeks, whatever it was,</p> <p>19 you still can't tell us what action Cardinal took</p> <p>20 from the time it was told it had a shipping</p> <p>21 requirement for almost a year, as to what they did</p> <p>22 in relation to that new obligation or what they</p> <p>23 considered a new obligation?</p> <p>24 MS. MAINIGI: Objection to form.</p>



<p style="text-align: right;">Page 294</p> <p>1 Misstates her testimony.</p> <p>2 A. The corporation does not have present</p> <p>3 knowledge about the actions and timing of the</p> <p>4 actions that were taken during that period</p> <p>5 presently.</p> <p>6 Q. How doesn't the corporation know what it</p> <p>7 did?</p> <p>8 MS. MAINIGI: Objection.</p> <p>9 Q. Was it taking any medication in the time</p> <p>10 that would inhibit its ability to remember?</p> <p>11 MS. MAINIGI: You don't need to answer</p> <p>12 that question.</p> <p>13 Q. How does the corporation not know what</p> <p>14 it did for a year?</p> <p>15 MS. MAINIGI: Objection to form.</p> <p>16 A. The corporation does not presently have</p> <p>17 knowledge of the timing and actions taken during</p> <p>18 the period presently.</p> <p>19 Q. Does it expect to somehow magically get</p> <p>20 knowledge at some point in time?</p> <p>21 MS. MAINIGI: Objection to form.</p> <p>22 Outside the scope.</p> <p>23 A. I believe this case and the discovery</p> <p>24 related to it is continuing.</p>	<p style="text-align: right;">Page 296</p> <p>1 "Key takeaways from the meeting were."</p> <p>2 A. I'm sorry. Repeat your question.</p> <p>3 Q. Sure. In this summary being provided by</p> <p>4 HDMA to its members, which Cardinal is one of, as</p> <p>5 you testified earlier, a board member and an</p> <p>6 executive committee meeting and whatever else,</p> <p>7 correct?</p> <p>8 A. Correct.</p> <p>9 Q. It indicates the DEA is still of the</p> <p>10 position that the registrants have a shipping</p> <p>11 requirement to either hold shipment or do due</p> <p>12 diligence before the order gets shipped if it's a</p> <p>13 suspicious order, correct?</p> <p>14 A. I'm sorry. Can you repeat the question</p> <p>15 one more time?</p> <p>16 Q. Sure. Let's just keep going.</p> <p>17 They say, "Simply complying with the</p> <p>18 suspicious orders, regulatory requirement, does</p> <p>19 not mean in the agency's view that the registrant</p> <p>20 is maintaining effective program to detect and</p> <p>21 prevent diversion."</p> <p>22 Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. Cardinal knew that as far back as the</p>
<p style="text-align: right;">Page 295</p> <p>1 Q. So you think the corporation may</p> <p>2 discover what it did ten or eleven years ago at</p> <p>3 some future point in time? Is that your</p> <p>4 testimony?</p> <p>5 MS. MAINIGI: Objection to form.</p> <p>6 A. The corporation cannot presently say</p> <p>7 that -- speak regarding what it was doing in the</p> <p>8 timing during that period.</p> <p>9 Q. When can it speak to when it first took</p> <p>10 action; do you know?</p> <p>11 MS. MAINIGI: Objection to form.</p> <p>12 A. No.</p> <p>13 Q. So sitting here today, the corporation</p> <p>14 can't answer when it first took action related to</p> <p>15 the Rannazzisi letter of 2006, correct?</p> <p>16 A. I cannot say right now.</p> <p>17 Q. Turn to the next page, please. Do you</p> <p>18 see "Key Takeaways"?</p> <p>19 A. Yes.</p> <p>20 Q. And, there again, in this summary from</p> <p>21 HDMA being provided to its members is again the</p> <p>22 DEA's position on suspicious orders and that they</p> <p>23 have a stop shipment or a due diligence</p> <p>24 requirement, correct? I'm sorry. It's under the</p>	<p style="text-align: right;">Page 297</p> <p>1 first Rannazzisi letter in I believe it was</p> <p>2 September of '06, correct?</p> <p>3 MS. MAINIGI: Objection to form.</p> <p>4 A. That is the information provided in the</p> <p>5 initial Rannazzisi letter.</p> <p>6 Q. Okay. And then also the DEA goes on and</p> <p>7 indicates to the HDMA that they do not have the</p> <p>8 resources to inspect every pharmacy; therefore, it</p> <p>9 is important that the distributor know their</p> <p>10 customers, correct?</p> <p>11 A. Correct.</p> <p>12 Q. You would agree with me that that is a</p> <p>13 good idea on behalf of Cardinal to know who it's</p> <p>14 distributing controlled substances to, correct?</p> <p>15 MS. MAINIGI: Objection; scope.</p> <p>16 Objection; form.</p> <p>17 A. The Knowing Your Customer is a component</p> <p>18 of our anti-diversion program.</p> <p>19 Q. And as you testified to earlier, even</p> <p>20 prior to that program going into place, you still</p> <p>21 would take steps to know the customer; is that</p> <p>22 fair?</p> <p>23 A. We've always had the anti-diversion</p> <p>24 program, the suspicious order monitoring program.</p>



<p style="text-align: right;">Page 298</p> <p>1 But, yes, but Know Your Customer has been a part 2 of that all along, yes. 3 Q. And I'm still taken aback. 4 Based on when Cardinal became informed 5 of this shipping requirement by the DEA, sitting 6 here today, you can't tell us when they took any 7 action in that regard, correct? Actually, let's 8 backstep it. 9 The policies and procedures that were 10 entered into in the latter part of '08 -- we 11 looked at some of them earlier, right, December of 12 '08? 13 A. Mm-hmm. 14 Q. Do you remember that? 15 A. Yes. 16 Q. Okay. Some of those, I believe -- and 17 correct me if I'm wrong -- include a shipping 18 requirement; do they not? 19 A. The policy that we looked at mentions 20 held orders. 21 Q. So we know at least two years after 22 Cardinal was aware of the shipping requirement, 23 they did something, right? 24 MS. MAINIGI: Objection; form.</p>	<p style="text-align: right;">Page 300</p> <p>1 A. I don't recall specifically. 2 Q. So sitting here today, you don't know if 3 there was a shipping requirement in 2007, correct? 4 MS. MAINIGI: Objection to form. 5 Misstates her testimony. 6 A. My understanding is our suspicious order 7 monitoring system, including the shipping 8 requirement, was implemented in late 2007. 9 Q. Well, just a minute ago you couldn't 10 tell me when y'all first did something in relation 11 to the new shipping requirement. 12 Wasn't that your testimony? 13 MS. MAINIGI: Objection to form. 14 Misstates her testimony. 15 A. I don't believe so. I believe we were 16 talking about the period between 2006 and 2000- -- 17 the receipt of the first letter and when we did 18 implement. We never established when we 19 implemented. 20 Q. So you believe that you implemented a 21 policy and procedure for the shipping requirement 22 in late 2007? 23 MS. MAINIGI: Objection to form. 24 A. We initiated our suspicious order</p>
<p style="text-align: right;">Page 299</p> <p>1 Q. September of '06 to December of '08. I 2 was giving you the benefit of the doubt. It's 3 actually 26 months, a little over two years, 4 correct? 5 A. We have a policy dated 2008 that 6 mentions held orders. It does not -- it does not 7 make a statement about prior time period. 8 Q. And sitting here today, can you tell the 9 jury if Cardinal did anything prior to that policy 10 related to what Cardinal considers new obligation 11 as far as shipping requirement? 12 MS. MAINIGI: Objection to form. 13 A. Yes. Our anti-diversion program was 14 implemented -- anti-diversion system, suspicious 15 order monitoring system, was implemented in late 16 2007. 17 Q. And did it include a shipping 18 requirement? 19 A. Yes. 20 Q. And where is the policy that 21 specifically provides the shipping requirement? 22 A. I don't have a copy of that particular 23 policy. 24 Q. Did you review it?</p>	<p style="text-align: right;">Page 301</p> <p>1 monitoring system in late 2007. I cannot speak to 2 policies and procedures. 3 Q. Okay. Fair enough. Who is Dendright? 4 A. Dendright? 5 Q. Yes, ma'am. 6 A. My understanding is that Dendright is a 7 third party we engaged to perform, I believe, site 8 visits. 9 - - - 10 (Cardinal-Norris Exhibit 33 marked.) 11 - - - 12 MR. FULLER: I apologize. This is 13 another e-mail that was produced. It's Norris 43. 14 It will be Plaintiff's 33. And I'll get the Bates 15 number to supplement it, Counsel. 16 MS. MAINIGI: Okay. 17 BY MR. FULLER: 18 Q. Ms. Norris, do you know if you've seen 19 this document before? 20 A. I have not. 21 Q. And the subject line of this e-mail 22 chain is "Lois &amp; Clark 0102." 23 Do you see that? 24 A. I see that subject line, yes.</p>

Page 302

1 Q. I guess you could say "Lois & Clark  
2 #0102."  
3 A. I'm assuming that's maybe their customer  
4 number or something like that.  
5 Q. Sure. If you go back to the very  
6 beginning of it, there's an e-mail from a Kelly  
7 Segee --  
8 A. Yes.  
9 Q. -- related to increases in thresholds.  
10 Do you see those there?  
11 A. I see the numbers she lays out.  
12 Q. And if you go to the first page -- and  
13 you can read the rest of it if you'd like.  
14 A. Yes. Please give me a minute.  
15 Q. Sure.  
16 A. Okay.  
17 Q. So, Ms. Norris, if you look, Michael  
18 Mone sends an e-mail on January 25th. Just the  
19 second e-mail in the chain.  
20 A. Yes.  
21 Q. It says the Dendright report. Is that  
22 the company you were referring to earlier that  
23 would provide -- what did you say? Site visits?  
24 A. I believe that's a third party we

Page 303

1 engaged to perform site visits, yes.  
2 Q. For what time period was Dendright  
3 providing site visits?  
4 A. I don't recall specifically.  
5 Q. Are they still providing site visits?  
6 A. We have a third party providing certain  
7 site visits. I can't remember if it's Dendright.  
8 Q. But at least apparently in 2008, it was  
9 Dendright?  
10 A. They performed this site visit, it  
11 appears, yes.  
12 Q. And when you say "site visit," is that  
13 like the investigative visit to a particular  
14 pharmacy?  
15 A. Yes. At the request of QRA, they would  
16 go out to perform a site visit.  
17 Q. So prior to 2007, did Cardinal have a  
18 system for detecting all suspicious orders?  
19 A. Prior to 2007, Cardinal Health had a  
20 suspicious order monitoring program that produced  
21 the reports as required by the DEA, the ingredient  
22 limit report, the excessive order report.  
23 Q. So it did not have a specific suspicious  
24 order program, correct?

Page 304

1 MS. MAINIGI: Objection; form.  
2 Misstates her testimony.  
3 Q. Actually, let me ask it differently. It  
4 didn't have a specific system in place to report  
5 suspicious orders?  
6 MS. MAINIGI: Objection to form.  
7 A. It had the -- as part of the program, it  
8 had the system in place to calculate the  
9 algorithms to make the suspicious -- to make the  
10 ingredient limit reports as required.  
11 Q. Okay. Right. No, I got that.  
12 But, again, did Cardinal Health have a  
13 system for detecting all suspicious orders prior  
14 to January 2007?  
15 MS. MAINIGI: Objection to form.  
16 A. I believe I stated that we had a program  
17 in place to make the reports that we were required  
18 to make to the DEA on the ingredient limit report.  
19 MS. MAINIGI: Mike, I'd like to go off  
20 the record for just a couple of minutes.  
21 MR. FULLER: Sure.  
22 MS. MAINIGI: I think we're about ten  
23 minutes out.  
24 THE VIDEOGRAPHER: The time is now 5:48.

Page 305

1 Going off the record.  
2 (Recess taken.)  
3 THE VIDEOGRAPHER: The time is now 5:58.  
4 Back on the record.  
5 MS. MAINIGI: I think there was some  
6 confusion, Mr. Fuller, before the break, so  
7 Ms. Norris is just going to clarify so that it's  
8 clear.  
9 BY MR. FULLER:  
10 Q. Okay. Ms. Norris, what do you need to  
11 clarify?  
12 A. I think we're still talking past each  
13 other. On the suspicious order reporting  
14 requirement, prior to 2007 Cardinal Health  
15 complied with its suspicious order reporting  
16 requirement in the statute.  
17 In doing -- but they did that by  
18 submitting the ingredient limit reports and the  
19 excessive order reports. That constituted our  
20 suspicious order reporting.  
21 MS. MAINIGI: And do you want to draw  
22 his attention to this document?  
23 A. And as further set forth in Cardinal  
24 Exhibit 20, Norris Exhibit 20, that we talked

<p style="text-align: right;">Page 306</p> <p>1 about earlier.</p> <p>2 Q. Okay. And did you talk about this</p> <p>3 change in your testimony with your counsel on the</p> <p>4 break?</p> <p>5 A. It's not a change in my testimony. It's</p> <p>6 a clarification. And we did talk about the need</p> <p>7 to make the clarification, yes.</p> <p>8 Q. And based on the conversation you had,</p> <p>9 you've now come back in and clarified or changed</p> <p>10 or altered, whatever you want to label it, your</p> <p>11 testimony, correct?</p> <p>12 MS. MAINIGI: Objection to form.</p> <p>13 Misstates her testimony.</p> <p>14 A. I'm clarifying the position that I've</p> <p>15 been testifying to throughout today.</p> <p>16 Q. Okay. So I'll ask the question again.</p> <p>17 Did Cardinal have in place a system for reporting</p> <p>18 all suspicious orders prior to 2007?</p> <p>19 A. Yes.</p> <p>20 - - -</p> <p>21 (Cardinal-Norris Exhibit 34 marked.)</p> <p>22 - - -</p> <p>23 Q. Now, as Norris 19, I'm going to pass you</p> <p>24 what has been marked as Plaintiff's 34. And I'm</p>	<p style="text-align: right;">Page 308</p> <p>1 this topic, you mentioned two reports when you</p> <p>2 talked about the prior to '07 suspicious order</p> <p>3 reporting, the ingredient --</p> <p>4 A. The ingredient limit report.</p> <p>5 Q. And then another one.</p> <p>6 A. Excessive order reports.</p> <p>7 Q. Where would I find those reports?</p> <p>8 A. My understanding is that some of them</p> <p>9 have been produced.</p> <p>10 Q. And where does Cardinal keep those</p> <p>11 reports?</p> <p>12 MS. MAINIGI: Objection; outside the</p> <p>13 scope.</p> <p>14 Q. Are they electronic reports? I think</p> <p>15 you testified earlier they were.</p> <p>16 MS. MAINIGI: Objection to form.</p> <p>17 A. No, I didn't testify that those were</p> <p>18 electronic. I -- the reports I have seen appear</p> <p>19 to be facsimiles, faxes, that were sent back and</p> <p>20 forth. So I guess maybe that's electronic.</p> <p>21 Q. Are they handwritten?</p> <p>22 A. It's a form that's filled out with</p> <p>23 handwriting on it, yes.</p> <p>24 MS. MAINIGI: I believe Ms. Norris</p>
<p style="text-align: right;">Page 307</p> <p>1 willing to bet you've looked at this before today.</p> <p>2 A. Yes.</p> <p>3 Q. Does that appear to be a true and</p> <p>4 accurate copy of the Memorandum of Agreement</p> <p>5 between the United States Department of Justice,</p> <p>6 the DEA, and Cardinal Health?</p> <p>7 A. Yes. It's not the fully executed copy,</p> <p>8 but ...</p> <p>9 Q. And if you turn to page 2 of that</p> <p>10 document.</p> <p>11 A. Yes.</p> <p>12 Q. Do you see there in the first paragraph,</p> <p>13 "Cardinal admits that its due diligence efforts</p> <p>14 for some pharmacy customers and its compliance</p> <p>15 with the 2008 MOA in certain respects were</p> <p>16 inadequate."</p> <p>17 Correct?</p> <p>18 A. I see that language, yes.</p> <p>19 Q. Does Cardinal agree with that?</p> <p>20 A. "Cardinal agrees that its due diligence</p> <p>21 efforts for some pharmacy customers in certain</p> <p>22 respects were inadequate and thus its compliance</p> <p>23 with the 2008 MOA."</p> <p>24 Q. Oh, and then we -- before we finish with</p>	<p style="text-align: right;">Page 309</p> <p>1 referred you to Exhibit 20, which is a policy that</p> <p>2 contains reference to them.</p> <p>3 MR. FULLER: Thank you.</p> <p>4 BY MR. FULLER:</p> <p>5 Q. Okay. So I believe -- and I may be</p> <p>6 wrong, but I believe earlier you testified that</p> <p>7 those were electronic reports.</p> <p>8 Are you now saying they are not</p> <p>9 electronic reports?</p> <p>10 MS. MAINIGI: Objection to form.</p> <p>11 A. The ingredient limit report is prepared</p> <p>12 electronically. The excessive order reports are</p> <p>13 filled out when one comes up and sent to the DEA.</p> <p>14 Q. So that's a system that's done manually,</p> <p>15 correct?</p> <p>16 A. Yes. These are the orders that are</p> <p>17 identified in the distribution center as the folks</p> <p>18 are picking them.</p> <p>19 Q. And based on the -- now I'm switching</p> <p>20 back gears to Exhibit 34.</p> <p>21 A. Okay.</p> <p>22 Q. All right. So based on this Memorandum</p> <p>23 of Understanding entered in 2012, there were fines</p> <p>24 of combined, I guess, \$44 million paid by Cardinal</p>

<p style="text-align: right;">Page 310</p> <p>1 for its breaches of the Controlled Substances Act,  2 correct?  3 A. There was a settlement of 44 -- a total  4 of \$44 million. And in connection -- in the  5 settlement agreement, there was an admission, a  6 limited admission, as to certain actions by  7 Cardinal.  8 Q. Well, it says the "Covered Conduct: The  9 conduct in the February 2nd, 2012 order to show  10 cause, the failure to maintain effective controls  11 against diversion; C, the failure to detect and  12 report suspicious orders and the failure to adhere  13 to the 2008 MOA."  14 Is that what it says?  15 A. That's the definition of covered  16 conduct.  17 Q. Okay. Now, let me show you -- and I  18 know we're getting close on time.  19 A. Which is what the settlement relates to.  20 - - -  21 (Cardinal-Norris Exhibit 35 marked.)  22 - - -  23 Q. All right. And that's going to be  24 Exhibit 35.</p>	<p style="text-align: right;">Page 312</p> <p>1 actually adopting that as a policy, procedure, or  2 in any other form or format, correct?  3 MS. MAINIGI: Objection; misstates her  4 testimony. Objection; time period.  5 A. That is the process that we were  6 following in order to comply with our obligations  7 under the suspicious reporting regulation as we  8 talked about earlier pursuant to this policy.  9 Q. Sure. You explained that -- my question  10 is, did Cardinal ever formally adopt it? I think  11 we saw Mr. Reardon sign off on a policy and  12 procedure previously approving it and accepting  13 it.  14 MS. MAINIGI: I'll let her answer the  15 question.  16 A. I don't specifically recall.  17 Q. Okay.  18 MS. MAINIGI: We are at seven hours, as  19 I understand it. The deposition is now over.  20 We will designate the transcript highly confidential,  21 and we will read and sign.  22 MR. FULLER: I'd like to finish with the  23 last exhibit that's already been entered.  24 MS. MAINIGI: I'm sorry. It's seven</p>
<p style="text-align: right;">Page 311</p> <p>1 Now, ma'am, before we jump in real  2 briefly to those threshold changes, you referenced  3 a 1998 report to the U.S. Attorney General. At  4 what point in time did Cardinal adopt that  5 document as its policies or procedures?  6 A. 1998 when we received notice of it, I  7 believe.  8 Q. So Cardinal officially adopted it into  9 its policies and procedures in 1998 --  10 MS. MAINIGI: Objection; time period.  11 Q. -- correct?  12 A. I don't know the answer about policies  13 and procedures. That was the guidance we received  14 in 1998, which we followed.  15 Q. But this was a report provided to the  16 U.S. Attorney General. You mentioned that  17 earlier, correct?  18 A. Correct, by the DEA.  19 Q. Not provided to the wholesale  20 distributors?  21 A. It wasn't a report directly to the  22 wholesale distributors. It was to the Attorney  23 General.  24 Q. And you have no knowledge of Cardinal</p>	<p style="text-align: right;">Page 313</p> <p>1 hours. We're done.  2 MR. FULLER: Okay. Well, we believe  3 that will be good cause shown.  4 MS. MAINIGI: Well, we don't agree  5 pursuant to the agreement that we have. Thank  6 you.  7 MR. FULLER: Thank you.  8 We can go off the record.  9 THE VIDEOGRAPHER: The time is now 6:09.  10 This concludes the deposition. Going off the  11 record.  12 (Signature not waived.)  13 - - -  14 Thereupon, at 6:09 p.m., on Tuesday, July 7,  15 2018, the deposition was concluded.  16 - - -  17  18  19  20  21  22  23  24</p>

Page 314

1 CERTIFICATE  
2 STATE OF OHIO :  
SS:  
3 COUNTY OF FRANKLIN :  
4  
5 I, JENNIFER R. NORRIS, do hereby certify that  
6 I have read the foregoing transcript of my  
7 cross-examination given on July 7, 2018; that together  
8 with the correction page attached hereto noting changes  
9 in form or substance, if any, it is true and correct.  
10  
11 JENNIFER R. NORRIS  
12  
13 I do hereby certify that the foregoing  
14 transcript of the cross-examination of JENNIFER R.  
15 NORRIS was submitted to the witness for reading and  
16 signing; that after she had stated to the undersigned  
17 Notary Public that she had read and examined her  
18 cross-examination, she signed the same in my presence on  
19 the \_\_\_\_\_ day of \_\_\_\_\_, 2018.  
20  
21 NOTARY PUBLIC - STATE OF OHIO  
22 My Commission Expires:  
23 \_\_\_\_\_, \_\_\_\_\_.  
24

Page 316

1 DEPOSITION ERRATA SHEET  
2 Deposition of: Jennifer R. Norris  
3 Matter of: National Prescription Opiate Litigation  
4 Page Line Correction or Change and Reason  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_  
11 \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_  
14 \_\_\_\_\_  
15 \_\_\_\_\_  
16 \_\_\_\_\_  
17 \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 Date \_\_\_\_\_ Signature \_\_\_\_\_

Page 315

1 CERTIFICATE  
2 STATE OF OHIO :  
SS:  
3 COUNTY OF FRANKLIN :  
4 I, Carol A. Kirk, a Registered Merit Reporter  
and Notary Public in and for the State of Ohio, duly  
5 commissioned and qualified, do hereby certify that the  
6 within-named JENNIFER R. NORRIS was by me first duly  
7 sworn to testify to the truth, the whole truth, and  
8 nothing but the truth in the cause aforesaid; that the  
9 deposition then given by her was by me reduced to  
10 stenotype in the presence of said witness; that the  
11 foregoing is a true and correct transcript of the  
12 deposition so given by her; that the deposition was  
13 taken at the time and place in the caption specified and  
14 was completed without adjournment; and that I am in no  
15 way related to or employed by any attorney or party  
16 hereto or financially interested in the action; and I am  
17 not, nor is the court reporting firm with which I am  
18 affiliated, under a contract as defined in Civil Rule  
19 28(D).  
20 IN WITNESS WHEREOF, I have hereunto set my  
21 hand and affixed my seal of office at Columbus, Ohio on  
22 this 10th day of July 2018.  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141  
142  
143  
144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161  
162  
163  
164  
165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
183  
184  
185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233  
234  
235  
236  
237  
238  
239  
240  
241  
242  
243  
244  
245  
246  
247  
248  
249  
250  
251  
252  
253  
254  
255  
256  
257  
258  
259  
260  
261  
262  
263  
264  
265  
266  
267  
268  
269  
270  
271  
272  
273  
274  
275  
276  
277  
278  
279  
280  
281  
282  
283  
284  
285  
286  
287  
288  
289  
290  
291  
292  
293  
294  
295  
296  
297  
298  
299  
300  
301  
302  
303  
304  
305  
306  
307  
308  
309  
310  
311  
312  
313  
314  
315  
316  
317  
318  
319  
320  
321  
322  
323  
324  
325  
326  
327  
328  
329  
330  
331  
332  
333  
334  
335  
336  
337  
338  
339  
340  
341  
342  
343  
344  
345  
346  
347  
348  
349  
350  
351  
352  
353  
354  
355  
356  
357  
358  
359  
360  
361  
362  
363  
364  
365  
366  
367  
368  
369  
370  
371  
372  
373  
374  
375  
376  
377  
378  
379  
380  
381  
382  
383  
384  
385  
386  
387  
388  
389  
390  
391  
392  
393  
394  
395  
396  
397  
398  
399  
400  
401  
402  
403  
404  
405  
406  
407  
408  
409  
410  
411  
412  
413  
414  
415  
416  
417  
418  
419  
420  
421  
422  
423  
424  
425  
426  
427  
428  
429  
430  
431  
432  
433  
434  
435  
436  
437  
438  
439  
440  
441  
442  
443  
444  
445  
446  
447  
448  
449  
450  
451  
452  
453  
454  
455  
456  
457  
458  
459  
460  
461  
462  
463  
464  
465  
466  
467  
468  
469  
470  
471  
472  
473  
474  
475  
476  
477  
478  
479  
480  
481  
482  
483  
484  
485  
486  
487  
488  
489  
490  
491  
492  
493  
494  
495  
496  
497  
498  
499  
500  
501  
502  
503  
504  
505  
506  
507  
508  
509  
510  
511  
512  
513  
514  
515  
516  
517  
518  
519  
520  
521  
522  
523  
524  
525  
526  
527  
528  
529  
530  
531  
532  
533  
534  
535  
536  
537  
538  
539  
540  
541  
542  
543  
544  
545  
546  
547  
548  
549  
550  
551  
552  
553  
554  
555  
556  
557  
558  
559  
560  
561  
562  
563  
564  
565  
566  
567  
568  
569  
570  
571  
572  
573  
574  
575  
576  
577  
578  
579  
580  
581  
582  
583  
584  
585  
586  
587  
588  
589  
590  
591  
592  
593  
594  
595  
596  
597  
598  
599  
600  
601  
602  
603  
604  
605  
606  
607  
608  
609  
610  
611  
612  
613  
614  
615  
616  
617  
618  
619  
620  
621  
622  
623  
624  
625  
626  
627  
628  
629  
630  
631  
632  
633  
634  
635  
636  
637  
638  
639  
640  
641  
642  
643  
644  
645  
646  
647  
648  
649  
650  
651  
652  
653  
654  
655  
656  
657  
658  
659  
660  
661  
662  
663  
664  
665  
666  
667  
668  
669  
670  
671  
672  
673  
674  
675  
676  
677  
678  
679  
680  
681  
682  
683  
684  
685  
686  
687  
688  
689  
690  
691  
692  
693  
694  
695  
696  
697  
698  
699  
700  
701  
702  
703  
704  
705  
706  
707  
708  
709  
710  
711  
712  
713  
714  
715  
716  
717  
718  
719  
720  
721  
722  
723  
724  
725  
726  
727  
728  
729  
730  
731  
732  
733  
734  
735  
736  
737  
738  
739  
740  
741  
742  
743  
744  
745  
746  
747  
748  
749  
750  
751  
752  
753  
754  
755  
756  
757  
758  
759  
760  
761  
762  
763  
764  
765  
766  
767  
768  
769  
770  
771  
772  
773  
774  
775  
776  
777  
778  
779  
780  
781  
782  
783  
784  
785  
786  
787  
788  
789  
790  
791  
792  
793  
794  
795  
796  
797  
798  
799  
800  
801  
802  
803  
804  
805  
806  
807  
808  
809  
810  
811  
812  
813  
814  
815  
816  
817  
818  
819  
820  
821  
822  
823  
824  
825  
826  
827  
828  
829  
830  
831  
832  
833  
834  
835  
836  
837  
838  
839  
840  
841  
842  
843  
844  
845  
846  
847  
848  
849  
850  
851  
852  
853  
854  
855  
856  
857  
858  
859  
860  
861  
862  
863  
864  
865  
866  
867  
868  
869  
870  
871  
872  
873  
874  
875  
876  
877  
878  
879  
880  
881  
882  
883  
884  
885  
886  
887  
888  
889  
890  
891  
892  
893  
894  
895  
896  
897  
898  
899  
900  
901  
902  
903  
904  
905  
906  
907  
908  
909  
910  
911  
912  
913  
914  
915  
916  
917  
918  
919  
920  
921  
922  
923  
924  
925  
926  
927  
928  
929  
930  
931  
932  
933  
934  
935  
936  
937  
938  
939  
940  
941  
942  
943  
944  
945  
946  
947  
948  
949  
950  
951  
952  
953  
954  
955  
956  
957  
958  
959  
960  
961  
962  
963  
964  
965  
966  
967  
968  
969  
970  
971  
972  
973  
974  
975  
976  
977  
978  
979  
980  
981  
982  
983  
984  
985  
986  
987  
988  
989  
990  
991  
992  
993  
994  
995  
996  
997  
998  
999  
1000  
1001  
1002  
1003  
1004  
1005  
1006  
1007  
1008  
1009  
1010  
1011  
1012  
1013  
1014  
1015  
1016  
1017  
1018  
1019  
1020  
1021  
1022  
1023  
1024  
1025  
1026  
1027  
1028  
1029  
1030  
1031  
1032  
1033  
1034  
1035  
1036  
1037  
1038  
1039  
1040  
1041  
1042  
1043  
1044  
1045  
1046  
1047  
1048  
1049  
1050  
1051  
1052  
1053  
1054  
1055  
1056  
1057  
1058  
1059  
1060  
1061  
1062  
1063  
1064  
1065  
1066  
1067  
1068  
1069  
1070  
1071  
1072  
1073  
1074  
1075  
1076  
1077  
1078  
1079  
1080  
1081  
1082  
1083  
1084  
1085  
1086  
1087  
1088  
1089  
1090  
1091  
1092  
1093  
1094  
1095  
1096  
1097  
1098  
1099  
1100  
1101  
1102  
1103  
1104  
1105  
1106  
1107  
1108  
1109  
1110  
1111  
1112  
1113  
1114  
1115  
1116  
1117  
1118  
1119  
1120  
1121  
1122  
1123  
1124  
1125  
1126  
1127  
1128  
1129  
1130  
1131  
1132  
1133  
1134  
1135  
1136  
1137  
1138  
1139  
1140  
1141  
1142  
1143  
1144  
1145  
1146  
1147  
1148  
1149  
1150  
1151  
1152  
1153  
1154  
1155  
1156  
1157  
1158  
1159  
1160  
1161  
1162  
1163  
1164  
1165  
1166  
1167  
1168  
1169  
1170  
1171  
1172  
1173  
1174  
1175  
1176  
1177  
1178  
1179  
1180  
1181  
1182  
1183  
1184  
1185  
1186  
1187  
1188  
1189  
1190  
1191  
1192  
1193  
1194  
1195  
1196  
1197  
1198  
1199  
1200  
1201  
1202  
1203  
1204  
1205  
1206  
1207  
1208  
1209  
1210  
1211  
1212  
1213  
1214  
1215  
1216  
1217  
1218  
1219  
1220  
1221  
1222  
1223  
1224  
1225  
1226  
1227  
1228  
1229  
1230  
1231  
1232  
1233  
1234  
1235  
1236  
1237  
1238  
1239  
1240  
1241  
1242  
1243  
1244  
1245  
1246  
1247  
1248  
1249  
1250  
1251  
1252  
1253  
1254  
1255  
1256  
1257  
1258  
1259  
1260  
1261  
1262  
1263  
1264  
1265  
1266  
1267  
1268  
1269  
1270  
1271  
1272  
1273  
1274  
1275  
1276  
1277  
1278  
1279  
1280  
1281  
1282  
1283  
1284  
1285  
1286  
1287  
1288  
1289  
1290  
1291  
1292  
1293  
1294  
1295  
1296  
1297  
1298  
1299  
1300  
1301  
1302  
1303  
1304  
1305  
1306  
1307  
1308  
1309  
1310  
1311  
1312  
1313  
1314  
1315  
1316  
1317  
1318  
1319  
1320  
1321  
1322  
1323  
1324  
1325  
1326  
1327  
1328  
1329  
1330  
1331  
1332  
1333  
1334  
1335  
1336  
1337  
1338  
1339  
1340  
1341  
1342  
1343  
1344  
1345  
1346  
1347  
1348  
1349  
1350  
1351  
1352  
1353  
1354  
1355  
1356  
1357  
1358  
1359  
1360  
1361  
1362  
1363  
1364  
1365  
1366  
1367  
1368  
1369  
1370  
1371  
1372  
1373  
1374  
1375  
1376  
1377  
1378  
1379  
1380  
1381  
1382  
1383  
1384  
1385  
1386  
1387  
1388  
1389  
1390  
1391  
1392  
1393  
1394  
1395  
1396  
1397  
1398  
1399  
1400  
1401  
1402  
1403  
1404  
1405  
1406  
1407  
1408  
1409  
1410  
1411  
1412  
1413  
1414  
1415  
1416  
1417  
1418  
1419  
1420  
1421  
1422  
1423  
1424  
1425  
1426  
1427  
1428  
1429  
1430  
1431  
1432  
1433  
1434  
1435  
1436  
1437  
1438  
1439  
1440  
1441  
1442  
1443  
1444  
1445  
1446  
1447  
1448  
1449  
1450  
1451  
1452  
1453  
1454  
1455  
1456  
1457  
1458  
1459  
1460  
1461  
1462  
1463  
1464  
1465  
1466  
1467  
1468  
1469  
1470  
1471  
1472  
1473  
1474  
1475  
1476  
1477  
1478  
1479  
1480  
1481  
1482  
1483  
1484  
1485  
1486  
1487  
1488  
1489  
1490  
1491  
1492  
1493  
1494  
1495  
1496  
1497  
1498  
1499  
1500  
1501  
1502  
1503  
1504  
1505  
1506  
1507  
1508  
1509  
1510  
1511  
1512  
1513  
1514  
1515  
1516  
1517  
1518  
1519  
1520  
1521  
1522  
1523  
1524  
1525  
1526  
1527  
1528  
1529  
1530  
1531  
1532  
1533  
1534  
1535  
1536  
1537  
1538  
1539  
1540  
1541  
1542  
1543  
1544  
1545  
1546  
1547  
1548  
1549  
1550  
1551  
1552  
1553  
1554  
1555  
1556  
1557  
1558  
1559  
1560  
1561  
1562  
1563  
1564  
1565  
1566  
1567  
1568  
1569  
1570  
1571  
1572  
1573  
1574  
1575  
1576  
1577  
1578  
1579  
1580  
1581  
1582  
1583  
1584  
1585  
1586  
1587  
1588  
1589  
1590  
1591  
1592  
1593  
1594  
1595  
1596  
1597  
1598  
1599  
1600  
1601  
1602  
1603  
1604  
1605  
1606  
1607  
1608  
1609  
1610  
1611  
1612  
1613  
1614  
1615  
1616  
1617  
1618  
1619  
1620  
1621  
1622  
1623  
1624  
1625  
1626  
1627  
1628  
1629  
1630  
1631  
1632  
1633  
1634  
1635  
1636  
1637  
1638  
1639  
1640  
1641  
1642  
1643  
1644  
1645  
1646  
1647  
1648  
1649  
1650  
1651  
1652  
1653  
1654  
1655  
1656  
1657  
1658  
1659  
1660  
1661  
1662  
1663  
1664  
1665  
1666  
1667  
1668  
1669  
1670  
1671  
1672  
1673  
1674  
1675  
1676  
1677  
1678  
1679  
1680  
1681  
1682  
1683  
1684  
1685  
1686  
1687  
1688  
1689  
1690  
1691  
1692  
1693  
1694  
1695  
1696  
1697  
1698  
1699  
1700  
1701  
1702  
1703  
1704  
1705  
1706  
1707  
1708  
1709  
1710  
1711  
1712  
1713  
1714  
1715  
1716  
1717  
1718  
1719  
1720  
1721  
1722  
1723  
1724  
1725  
1726  
1727  
1728  
1729  
1730  
1731  
1732  
1733  
1734  
1735  
1736  
1737  
1738  
1739  
1740  
1741  
1742  
1743  
1744  
1745  
1746  
1747  
1748  
1749  
1750  
1751  
1752  
1753  
1754  
1755  
1756  
1757  
1758  
1759  
1760  
1761  
1762  
1763  
1764  
1765  
1766  
1767  
1768  
1769  
1770  
1771  
1772  
1773  
1774  
1775  
1776  
1777  
1778  
1779  
1780  
1781  
1782  
1783  
1784  
1785  
1786  
1787  
1788  
178